Creative Testing Experiment Questionnaire: Boosters

Welcome

You have been selected to take this survey about public health educational material. The primary purpose of this survey is to help assess, among a large group of U.S. adults, perceptions of public health educational material that looks like what you would see in an advertisement. The survey will also assess experience and behaviors, and trusted information sources related to public health educational material.

Most people take about 20 minutes to complete the survey.

As mentioned, this survey will show you public health educational material and then ask you some questions about it. The educational material will require you to listen and/or view the 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)

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?

- This study is being conducted to understand people's opinions of, experience with, and behaviors related to public health educational materials, as well as reactions to advertisements about public health topics.

Why should I participate?

- By participating in this survey, you will contribute to a better understanding of public health topics. You may also learn more about public health topics as a result of information you learn by taking part in this survey.

Do I have to answer all questions?

- 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?

- 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?

- 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?

- 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 and qualify for the study, you will receive $5.00 for completing the survey.

How will my responses be used?

- Your responses will be used to inform a public education campaign. This is your chance to be heard on issues that directly affect you. While your survey responses will be kept private, summarized responses may be released to the public.

Will I see the results of the survey?

- 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: [21-001-821].

[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.

SECTION 1: DEMOGRAPHICS (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 DEM3=18+, OTHERWISE DISPLAY TERMINATION LANGUAGE IMMEDIATELY AND TERMINATE//
//PROGRAMMING NOTE: HARD PROMPT: Please enter your age in years using numbers.//

***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*
//PROGRAMMING NOTE: SKIP IF SCREENED_SPANISH=1//

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
0	Yes (Selected)
1	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: Employee paid

DEM1_2	Working – self-employed	DEM7_2: Employee self
DEM1_9	Working – part-time	DEM7_9: Employee part_time
DEM1_10	Stay at home parent/guardian	DEM7_10: Home parent
DEM1_11	Student – not working	DEM7_11: Student NW
DEM1_12	Student – working part-time	DEM7_12: Student PTW
DEM1_3	Not working – on temporary layoff from a job	DEM7_3: Temp unemployed
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 NS

Value	Value Label
0	Yes (Selected)
1	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 Government
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

e	
0	Yes (Selected)
1	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
0	No
1	Yes

SECTION 2: ELIGIBILITY 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.*
//PROGRAMMING NOTE: ASK QUESTIONS IN SECTION 2 TO ALL GROUPS//

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
//TERMINATE AT END OF SCREENER IF BEH1=0 or BEH1=1//

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 if BEH1 = 2 //
//PROGRAMMING NOTE: DISPLAY TERMINATION LANGUAGE AT END OF SCREENER IF BSTR1_UPTAKE_2=1,2//

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: *What is the likelihood that you will 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. Boosters are now available to you at no cost. How soon will you get the booster shot?*
Variable Label: *BEH5c: Wait to get booster shot*

//ASK BSTR1_Uptake_2=0//

//PROGRAMMING NOTE: DISPLAY TERMINATION LANGUAGE AT END OF SCREENER IF BEH5C=3//

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 IF BEH5C = 2 (I WILL WAIT TO GET THE BOOSTER SHOT FOR ONE OR MORE REASONS)//

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

SECTION 3: KNOWLEDGE

//PROGRAMMING NOTE: ASK QUESTIONS IN SECTION 3 TO ALL GROUPS//

Item #: KNOW1
Question Type: Single Punch
Variable Name: KNOW1
Variable Text. Please indicate which of the following best represents your level of knowledge about COVID-19 boosters.
Variable label: KNOW1: Level of knowledge

Value	Value Label
01	I know nothing at all about COVID-19 boosters.
02	I know only a slight amount about COVID-19 boosters.
03	I know some about COVID-19 boosters.
04	I know a good bit about COVID-19 boosters.
05	I know a lot about COVID-19 boosters.
-99	Refused

Item #: KNOW2
Question Type: Open end
Variable Name: KNOW2
Variable Text. Reflecting on what you have seen, read, or heard about COVID-19 boosters, please list any/all benefits of the booster that you remember. Use one line for each benefit you remember. Use as many lines as you need.
Variable label: KNOW2: Pretest Unaided Benefits
//LIMIT TO 1,000 CHARACTERS.//

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

SECTION 4: BOOSTER MESSAGING

//PROGRAMMING NOTE: EACH PARTICIPANT WILL BE RANDOMLY ASSIGNED TO 1 OF 5 CONDITIONS AS LISTED BELOW.//

CONDITIONS:
1. **BOOSTER VIDEO**
2. **TRUSTED MESSENGER VIDEO**
3. **STATIC IMAGE**
4. **CAROUSEL IMAGE**
5. **CONTROL (dummy video)**

[**PROGRAMMING NOTE: DISPLAY TEXT TO EACH PARTICIPANT.**] Now, you are going to see some of the public education materials, which may include information on the COVID-19 booster. Then, we will ask you some questions about what you viewed. The material 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.

Click the continue button when you are ready to view the message. You will automatically proceed to the next screen once the message is finished.

STIMULI VIEWING CONFIRMATION

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 DEMO AND TERMINATE**]
1	Yes
-99	Refused [**GO TO DEMO 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 CONDITION=1, 2, or 5 (VIDEO AD)//

Value	Value Label
0	No [**GO TO DEMO AND TERMINATE**]
1	Yes

-99	Refused [**GO TO DEMO 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 #: ADXX31
Question type: Single punch
Variable Name: ADXX31
Variable Text: Did you learn anything new from the ad?
Variable Label: ADXX31: Learn

Value	Value Label
1	Yes
2	No
3	Not sure
-99	Refused

Item #: ADXX31a
Question type: Open-end
Variable Name: ADXX31a
Variable Text: You said that you learned something new from the ad. Please describe what you learned. Be as specific as possible.
Variable Label: ADXX30a: Learned OE
//PROGRAMMING NOTE: ONLY SHOW IF ADXX31=1//
//LIMIT TO 1,000 CHARACTERS. //

Item #: ADXX10
Question type: Single punch
Variable Text: How much do you agree or disagree with the following statements?
//PROGRAMMING NOTE: RANDOMIZE SUBITEMS//
//PROGRAMMING NOTE: INSERT INTO ADXX10_6 "GET A COVID-19 BOOSTER SHOT WHEN IT IS AVAILABLE TO ME" IF PARTICIPANT SAW CONDITION 1,2,3,4. INSERT INTO ADXX10_6 "SAFELY SERVE AND STORE FOOD" IF PARTICIPANT SAW CONDITION 5.

Variable Name	Variable Text	Variable Label
ADXX10_1	This message grabbed my attention.	ADXX10_1: Attention
ADXX10_2	This message is powerful.	ADXX10_2: Powerful
ADXX10_3	This message is worth remembering.	ADXX10_3: Remember
ADXX10_4	This message is informative.	ADXX10_4: Informative
ADXX10_5	This message is meaningful to me.	ADXX10_5: Meaningful
ADXX10_6	This message is convincing as a reason to [PIPE TEXT].	ADXX10_6: Convincing
ADXX10_7	The message provided information that I already know.	ADXX10_7: Redundant

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 FROM ADXX10_6]** that this ad was convincing as a reason to **[PIPE IN "GET A COVID-19 BOOSTER SHOT WHEN IT IS AVAILABLE TO ME" IF PARTICIPANT SAW CONDITION 1,2,3, OR 4. PIPE IN "SAFELY SERVE AND STORE FOOD" IF PARTICIPANT SAW CONDITION 5**].. Please describe the main reasons why you **[PIPE IN ANSWER FROM ADXX10_6]** with this statement.
Variable Label: ADXX10a: Convincing
//LIMIT TO 1,000 CHARACTERS. //

Item #: ADXX30
Question type: Single punch
Variable Text: How much do you agree or disagree with the following statements?
//PROGRAMMING NOTE: RANDOMIZE SUBITEMS//

ADXX30_1	I like the look of the ad.	ADXX30_1: Look
ADXX30_2	I like the feel of the ad.	ADXX30_2: Feel

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

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 not realistic.	ADXXReal_7: Realistic

Value	Value Label

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

SECTION 5: POST-TEST ATTITUDES AND INTENTIONS

//PROGRAMMING NOTE: ALL RESPONDENTS SHOULD BE SHOWN THE QUESTIONS IN THIS SECTION.//

[**PROGRAMMING NOTE: DISPLAY TEXT**] Next, we will ask you a few questions about the COVID-19 booster shot.

Item #: ADXX32
Question Type: Single punch
Variable Text: How much do you agree or disagree with the following statements about COVID-19 vaccines and boosters?
//PROGRAMMING NOTE: RANDOMIZE VARIABLES IN GRID//
//PROGRAMMING NOTE: ASK TO ALL GROUPS//

Variable Name	Variable Text	Variable Label
ADXX32_1	The need for COVID-19 booster shots indicates that vaccines do not work.	ADXX32_1: Vaccine proof
ADXX32_2	Protection from COVID-19 after vaccination can decrease over time.	ADXX32_2: Protection
ADXX32_3	Boosters can keep your COVID-19 vaccine effective longer.	ADXX32_3: Effective
ADXX32_4	Boosters can help protect you from new COVID-19 variants.	ADXX32_4: Variant protection
ADXX32_5	COVID-19 vaccines and boosters help protect from severe illness, hospitalization, and death from COVID-19.	ADXX32_5: Illness protection
ADXX32_6	Boosters are not needed because natural immunity is enough to protect against new COVID-19 variants.	ADXX32_6: Natural immunity
ADXX32_7	Boosters can cause infertility.	ADXX32_7: Infertility
ADXX32_8	Boosters will give me COVID-19.	ADXX32_8: COVID
ADXX32_9	Sometimes people who got a vaccine and booster can still get COVID-19.	ADXX32_9: Still get COVID

Value	Value Label
1	Strongly disagree
2	Disagree
3	Somewhat disagree
4	Neither agree nor disagree
5	Somewhat agree
6	Agree
7	Strongly agree
99	I 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 Name	Variable Text	Variable Label
ADXX 8_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 when you are eligible	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, colleagues)	ADXX8_5: Friends
ADXX8_6	Share the information in the message with a friend or family member who wants to know more about COVID-19 boosters.	ADXX8_6: Share
ADXX8_7	Visit cdc.gov/coronavirus to get vaccine facts	ADXX8_7: CDC website

Value	Value Label
1	Very unlikely
2	Somewhat unlikely
3	Neither
4	Somewhat likely
5	Very likely
-99	Refused

Item #: BEH4a
Question type: Grid
Variable Text: You responded that you are **[PIPE IN ANSWER FROM ADXX8_2 IF RESPONSE =1 OR 2]** to get a COVID-19 booster shot. For each of the following statements, is this a reason why you are **[PIPE IN ANSWER FROM ADXX8_2 IF RESPONSE =1 OR 2]** to get a COVID-19 booster shot? Select yes or no for each item.
//PROGRAMMING NOTE: RANDOMIZE ORDER OF SUBITEMS.//
//PROGRAMMING NOTE: ONLY ASK IF ADXX8_2 = 1, 2.

Variable Name	Variable Text	Variable Label
BEH4a_3	I want to know if the booster shot is effective first.	BEH4a_3: Reasons for waiting - Confirm effectiveness
BEH4a_5	I want to talk to my doctor first.	BEH4a_5: Reasons for waiting - Talk to doctor first
BEH4a_6	I want to compare the effectiveness of the different booster shots.	BEH4a_6: Reasons for waiting - Compare booster shots
BEH4a_7	I want to see if my friends and family get the	BEH4a_7: Reasons for

	booster shot.	waiting - Friends/family
BEH4a_8	I want to see if others who get a booster shot first develop any problems.	BEH4a_8: Reasons for waiting - Side effects
BEH4a_9	I want to make sure it is safe for people like me first.	BEH4a_9: Reasons for waiting - Confirm safety
BEH4a_12	I already had COVID-19.	BEH4a_12: Reason for waiting - Had COVID
BEH4a_13	I want to wait until more is known about the long-term effects of the booster shots.	BEH4a_13: Reasons for waiting - Long-term effects
BEH4a_14	I am healthy and don't think my body needs a COVID-19 booster shot.	BEH4a_14: Reasons for waiting - I am healthy
BEH4a_15	I want to wait to see if a COVID-19 booster shot will be mandatory for my work, school, or other activities.	BEH4a_15: Reasons for waiting - Mandatory
BEH4a_16	I want to wait until I have time to take off work/school.	BEH4a_16: Reasons for waiting - Time
BEH4a_17	I want to wait to see how effective the booster shot is against COVID-19 variants, such as the Omicron variant.	BEH4a_17: Reasons for waiting - Variants
BEH4a_18	I don't want to have to keep getting booster shots.	BEH4a_18: Reasons for waiting - Booster shots
BEH4a_19	I had a reaction or bad experience after the COVID-19 vaccine.	BEH4a_19: Reasons for waiting – Bad reaction
BEH4a_11	Other [TEXTBOX]	BEH4a_11: Reasons for waiting - Other

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

SECTION 6: 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

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	Don't know/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
//PROGRAMMING NOTE: 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