



# Messaging Matrix: Wave 7 – Updated Vaccines and Parents

## Welcome

You have been selected to take this survey about COVID. The primary purpose of this survey is to help assess, among a large group of U.S. adults, perceptions of potential COVID messaging. The survey will also assess experiences, behaviors, and opinions about creative materials related to COVID.

Most people take about 20 minutes to complete the survey.

As mentioned, this survey will show you a series of messages related to COVID media and then ask you some questions about it. 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

For questions or concerns about this survey, visit: [https://prodegesupport.zendesk.com/hc/en-us/requests/new?ticket\\_form\\_id=360001213252](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 the typical attitudes and beliefs of all Americans.

Thank you for your time and participation.

**[Continue]**

## 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, experiences with, and behaviors related to COVID as well as reactions to messages about COVID.

### **Why should I participate?** [Top](#)

- By participating in this survey, you will contribute to fighting the spread of COVID. You may also learn more about COVID and ways you can help slow the spread of COVID 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, 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 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://prodegessupport.zendesk.com/hc/en-us/requests/new?ticket\\_form\\_id=360001213252](https://prodegessupport.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 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 infection rates. This is your chance to be heard on issues that directly affect you. Although 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](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 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](mailto:info@brany.com)
- Or by visiting this website: [www.branyirb.com/concerns-about-research](http://www.branyirb.com/concerns-about-research).

Please reference the following number when contacting the Study Subject Adviser: [21-006-821].

**[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 ALL SCREENING QUESTIONS AT THE END OF  
SCREENER (NOT AT THE END OF EACH QUESTION) UNLESS OTHERWISE NOTED. 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: Gender

Variable Text: What is your gender?

Variable Label: Gender

//PROGRAMMING NOTE: ROTATE RESPONSE OPTIONS 1-2//

Value	Value Label
1	Male
2	Female
3	Non-binary
4	Prefer to self-describe [OPEN END TEXT BOX]

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, ALLOW U.S. ZIPS ONLY//

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 IMMEDIATELY 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

Value	Value Label
1	Yes

2	No
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**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
2	No

**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
13	Other [Specify]

**Item #:** DEM1

**Question Type:** Single Punch

**Variable Name:** Employment Status

**Variable Text:** Which statement best describes your current employment status?

**Variable Label:** Employment Status

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

Value	Value Label
1	Yes
2	No

**[PROGRAMMING NOTE: DISPLAY TEXT]**

The U.S. Food and Drug Administration (FDA) has authorized vaccines that protect against COVID, and we want to learn more about your beliefs and plans related to the vaccine.

**Item #:** BEH1a

**Question type:** Single punch

**Variable Name:** BEH1a

**Variable Text:** Have you received all required doses of the initial series of an authorized COVID vaccine? That is, have you received:

- Two doses of either the Pfizer or Moderna vaccines,
- Two doses of the Novavax vaccine, or
- One dose of the Johnson & Johnson vaccine?

**Variable Label:** BEH1a: Vaccination status

Value	Value Label
0	No
1	Yes
2	I don't know

**Item #:** BEH1b

**Question type:** Single punch

**Variable Name:** BEH1b

**Variable Text:** Which initial series COVID vaccine did you receive?

**Variable Label:** BEH1b: Vaccine type

**//ASK IF BEH1a=1 (Yes, I have received all required doses of a vaccine). TERMINATE IF BEH1b=5 or 6 (Received "Other" vaccine or don't remember).//**

Value	Value Label
1	Johnson & Johnson/Janssen
2	Moderna
3	Pfizer-BioNTech
4	Novavax
5	Other
6	I don't remember

**Item #:** BEH1c

**Question type:** Dropdown Selection

**Variable Name:** BEH1c

**Variable Text:** In which month and year did you receive your final dose in your initial vaccine series? Final vaccine dose refers to either:

- The second dose of the Pfizer or Moderna vaccine,
- The second dose of the Novavax vaccine, or
- A single dose of the Johnson & Johnson vaccine.

Please do not consider booster shots for this question. If you do not remember the specific month, give your best guess.

**Variable Label:** BEH1c: Vaccine date

**//ASK IF BEH1b=1, 2, 3, or 4 (I have completed an initial series of J&J, Moderna, Pfizer, or Novavax).//**

Value	Value Label
Month drop-down selection	January - December
Year drop-down	2020, 2021, 2022

**Item #:** BEH2a

**Question Type:** Grid

**Variable Name:** BEH2a

**Variable Text:** U.S. health officials and medical experts now recommend additional COVID doses after the initial vaccine series (two doses of Pfizer, Moderna, or Novavax; or one dose of Johnson & Johnson).

Boosters are additional doses you may have received after your initial series. Boosters were available from August 2021 to the end of August 2022.

Updated vaccines are COVID vaccines reformulated to better target Omicron variants, sometimes called “updated boosters” or “bivalent boosters.” Updated vaccines became available in early September 2022.

Have you received a COVID booster or updated vaccine?

**Variable Label:** BEH2a: Additional dose status

**// Ask if CAM5\_VaccUptake = 2 //**

Variable Name	Variable Text	Variable Label
BEH2a_1	I have received one or more booster dose(s) (available August 2021-August 2022)	BEH2a_1: Booster
BEH2a_2	I have received an updated vaccine (available starting September 2022)	BEH2a_2: Updated vaccine

Value	Value Label
0	No
1	Yes
-99	Refused
-100	Valid skip

**Item #:** BEH3a

**Question type:** Single punch

**Variable Name:** BEH3a

**Variable Text:** How likely are you to get an updated COVID vaccine?

Updated vaccines are COVID vaccines reformulated to better target Omicron variants, sometimes called “updated boosters” or “bivalent boosters.” Updated vaccines became available in early September 2022.

**Variable Label:** BEH3a: Intention to get an updated vaccine

**//ASK IF BEH1b=1, 2, 3, or 4 (I have completed an initial series of J&J, Moderna, Pfizer, or Novavax) and BEH2a\_2=0.//**

Value	Value Label
1	Very unlikely
2	Somewhat unlikely



3	Neither likely nor unlikely
4	Somewhat likely
5	Very likely
-99	Refused

**Item #:** BEH3b

**Question type:** Single punch

**Variable Name:** BEH3b

**Variable Text:** How soon will you get the updated vaccine?

**Variable Label:** BEH3b: Wait to get updated vaccine

**//ASK IF BEH1b=1, 2, 3, or 4 (I have completed an initial series of J&J, Moderna, Pfizer, or Novavax) and BEH2a\_2=0.**

Value	Value Label
1	I will get the updated vaccine as soon as I can
2	I will wait to get the updated vaccine for one or more reasons
3	I will never get the updated vaccine

**Item #:** BEH3c

**Question type:** Single punch

**Variable Name:** BEH3c

**Variable Text:** You responded that you will get an updated vaccine as soon as you can. How soon will you get the vaccine?

**Variable Label:** BEH3c: How soon to get updated vaccine

**//Ask if BEH3b = 1 (I will get the updated vaccine as soon as I can).//**

Value	Value Label
1	Within the next few weeks
2	Within the next few months
3	More than 6 months from now

**Item #:** BEH3d

**Question type:** Single punch

**Variable Name:** BEH3d

**Variable Text:** You responded that you will wait to get the updated vaccine. How long will you wait?

**Variable Label:** BEH3d: Length of updated vaccine wait

**// ASK ONLY IF BEH3a = 2 (I will wait to get the updated vaccine for one or more reasons).//**

Value	Value Label
1	A few weeks

2	A few months
3	More than 6 months
-99	REFUSED
-100	VALID SKIP

**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

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
98	None of the above, I do not have children in those age groups (EXCLUSIVE)

**Item #:** BEH6a

**Question Type:** Single punch

**Variable Name:** BEH6a

**Variable Text:** Children aged 6 months and older are now eligible to get Food and Drug Administration (FDA)-authorized vaccines to prevent COVID. Has your child(ren) aged 6 months – 17 years old completed an initial series of a COVID vaccine?

**Variable Label:** BEH6a: 5-11 vaccination status

**// PROGRAMMING NOTE: ASK IF DEM17=2, 3, 4, 5, or 6 (is a parent of a child 6 months to 4 years old, 5 years to 11 years, or 12 years to 17 years)//**

Value	Value Label
0	<b>No, none</b> of my children have completed an initial series of a COVID vaccine.
1	<b>Some but not all</b> of my children aged 6 months–17 years have completed their initial series of a COVID vaccine
2	<b>All</b> of my children aged 6 months–17 years have completed their initial series of a COVID vaccine
60	I do not have children aged 6 months–17 years
-100	Valid Skip

**Item #:** BEH6b

**Question type:** Single punch

**Variable Name:** BEH6b

**Variable Text:** How likely are you to get your unvaccinated child(ren) a COVID vaccine?

**Variable Label:** BEH6b: Intention to get child a vaccine

**//ASK IF BEH6a=1 or 2 (None or some, but not all of my children have completed an initial series )//**

Value	Value Label
1	Very unlikely
2	Somewhat unlikely
3	Neither likely nor unlikely
4	Somewhat likely
5	Very likely
-99	Refused

## INFORMED CONSENT

### SURVEY PARTICIPANT CONSENT FORM

**//Programming note: Show text in the top right corner: “Please save a copy for your records.” Make the text clickable to download a PDF of the consent form.//**

Study Title: COVID Messaging Survey

Telephone: 571-858-3757 (24 hours)

#### **What is the key information?**

You are being asked to participate in a research study collecting information about educational messaging related to COVID. This form describes the purpose, procedures, benefits, risks, and precautions of the information collection. It also describes your right to withdraw at any time.

This information collection is being done to help refine and enhance public education messaging related to COVID that will eventually be disseminated to the public.

#### **What do I need to know about this study?**

If you agree to be part of the research study, you will be asked to participate in a survey where you will answer questions about your perceptions and reactions to messaging related to COVID. The survey will last about 20 minutes. You do not have to answer any questions that you do not want to.

#### **What are the potential risks of being in this study?**

There are minimal risks associated with this project. There is a possible risk of breach of confidentiality. This risk is minimized by protections described in the “Who will see the results of this project or my information?” section below. Please help protect your privacy and confidentiality by not providing any personally identifiable information in your responses. The study staff will do its due diligence to remove any personally identifying information from the data collected from your survey.

#### **Does participating in this project provide any benefits?**

This study is for research purposes only. Although you may not directly benefit from participating in this study, others may benefit because the findings of this study will be used to inform messaging and public education efforts pertaining to COVID.

**Are there alternatives to participating?**

This research study is for research purposes only. The only alternative is to not participate in this study.

**Will it cost me anything to participate in the project?**

There are no costs to participate in the project. Participants in the survey will receive \$5.00 for their participation; you will be paid at the end of your participation in this study.

**Do I have to be in this project?**

Your participation is voluntary, which means you can stop or withdraw at any time. You may choose to not participate, or you may withdraw from the study for any reason without penalty or loss of benefits to which you are otherwise entitled.

**Who will see the results of this project or my information?**

Your answers will only be seen by the study staff. We will be very careful to only let people working on the project see your responses. There is minimal risk that others might find out what you respond, despite all of our best efforts. In the case of a breach of confidentiality, appropriate steps will be taken to notify participants.

All of the information we collect, including any answers to the survey, information collected during screening, and open-ended answers will be stored on a password-protected computer and/or in locked cabinets that only the project team can access. We will collect some personal information from you, like your age and race, but we will not collect any information that could identify you personally. After three years, all of the collected information will be destroyed by securely shredding documents or permanently deleting electronic information. Results from this project might appear in professional journals or scientific conferences or shared with other project teams. No individual participants will be identified or linked to the results. We will not disclose your identity in any report or presentation.

**Whom to contact about this study:**

If you have questions, concerns or complaints about the study, please contact the Principal Investigator at the telephone number listed on the first page of this consent document.

An institutional review board (IRB) is an independent committee established to help protect the rights of research subjects. If you have any questions about your rights as a research subject, and/or concerns or complaints regarding this research study, contact:

- By mail:
  - Study Subject Adviser BRANY IRB
  - 1981 Marcus Ave, Ste 210
  - Lake Success, NY 11042
- or call toll free: 516-318-6877
- or by email: [info@brany.com](mailto:info@brany.com)
- or by visiting this website: [www.branyirb.com/concerns-about-research](http://www.branyirb.com/concerns-about-research).

Although the questionnaire will primarily ask that you provide feedback and input on messages and creative assets, we recognize the topic of COVID may bring up some discomfort. If you need any additional support, please contact one of the following.

Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline

- Call 1-800-985-5990
- Text TalkWithUs to 66746

Suicide Prevention Lifeline

- Text or call 988
- Online chat: <https://suicidepreventionlifeline.org/> and click “Chat”

### Statement of Consent

**Item #:** CONSENT

**Question type:** Single punch

**Variable Name:** Informed consent

**Variable Text:** Do you consent to participate in this study? By consenting, you agree to participate and that you have read, understood, and had time to consider all of the information above.

**Variable Label:** CONSENT: Informed consent

**//PROGRAMMING NOTE: TERMINATE IF CONSENT=2 OR -99//**

Value	Value Label
1	Yes, I agree to participate
2	No, I do not agree to participate

**PROGRAMMING NOTE: ALL QUESTIONS IN THE MAIN SURVEY ARE OPTIONAL- THE RESPONDENT CAN CLICK CONTINUE WITHOUT CHOOSING AN OPTION. THEY SHOULD RECEIVE ONE SOFT PROMPT (“We encourage you to answer the question.”) AND BE ALLOWED TO CONTINUE. IF THEY CONTINUE WITHOUT PROVIDING AN ANSWER, CODE AS -99.**

### MESSAGE TESTING

**//PROGRAMMING NOTE: DISPLAY TEXT ON ITS OWN SCREEN//** Next, you are going to see a series of messages pertaining to COVID. Below each one, you will see four questions. Please think about the message on your screen when answering all four questions.

**Item #:** Group

**Question type:** Single punch

**Variable Name:** Group

**Variable Label:** Group: Group Assignment

Value	Value Label
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1	<b>Parent</b> <ul style="list-style-type: none"> <li>(BEH6a=0 or 1) AND (DEM17=2, 3, 4, 5, or 6)</li> </ul>
2	<b>Updated Vaccine</b> <ul style="list-style-type: none"> <li>(BEH2a_2=0) AND (BEH3b=1 or 2)</li> </ul>
3	<b>Both</b> <ul style="list-style-type: none"> <li>Qualifies for both the parent and updated vaccine group</li> <li>Need to be reassigned into a group</li> </ul>

**//PROGRAMMING NOTE: ASSIGN A GROUP FOR MESSAGES. IF A PARTICIPANT QUALIFIES FOR BOTH GROUPS, ASSIGN THEM TO EITHER GROUP DEPENDING ON WHICH NEEDS THEIR SPECIFIC DEMOGRAPHICS FOR QUOTAS (E.G., AGE, RACE/ETHNICITY). TERMINATE IF PARTICIPANT DOES NOT QUALIFY FOR EITHER GROUP.//**

**//Programming Note: Please use a hidden variable to code for final group assignments.//**

**FINAL\_GROUP**

**1 = Parent**

**2 = Updated Vaccine**

## Updated Vaccine Messages

**//PROGRAMMING NOTE: SHOW IF FINAL\_GROUP=2 (UPDATED VACCINE). RANDOMIZE ORDER THAT THESE MESSAGES APPEAR ACROSS RESPONDENTS.//**

**[WE WILL ENTER THE FINALIZED UPDATED VACCINE MESSAGES HERE]**

**//PROGRAMMING NOTE: RANDOMIZE ORDER THAT THESE FOUR QUESTIONS APPEAR ACROSS RESPONDENTS. KEEP IN SAME ORDER FOR ALL MESSAGES RATED BY RESPONDENT.**

**Item #: VAX**

**Question type:** Grid

**Variable Text:** How much do you agree or disagree with the following statements?

**//PROGRAMMING NOTE: CAPTURE THE MESSAGE NUMBER SO THAT WE HAVE VAX\_CONV\_1, 2, 3; VAX\_BELIEVE\_1, 2, 3, ETC.//**

Variable Name	Variable Text	Variable Label
VAX_CONV	The message was convincing to me personally, as a reason to get an updated COVID vaccine.	VAXCONV: Convincing to get updated vaccine
VAX_BELIEVE	The message was believable.	BELIEVABLE: Message

		believability
VAX_DIFFICULT	The message was difficult to understand	DIFFICULT: Difficulty of message
VAX_LIKELY	I will get an updated COVID vaccine after viewing the message.	LIKELY: Likelihood of getting a vaccine

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

## Parent Messages

**//PROGRAMMING NOTE: SHOW IF FINAL\_GROUP=1 (PARENT). RANDOMIZE ORDER THAT THESE MESSAGES APPEAR ACROSS RESPONDENTS.//**

**//DISPLAY TEXT AT TOP OF SCREEN FOR ALL PARENT MESSAGES.//**

When reading this message and answering the questions below, please think of your child aged 6 months to 17 years who is not currently vaccinated for COVID.

**[WE WILL ENTER THE FINALIZED PARENT MESSAGES HERE]**

**//PROGRAMMING NOTE: RANDOMIZE ORDER THAT THESE FOUR QUESTIONS APPEAR ACROSS RESPONDENTS. KEEP IN SAME ORDER FOR ALL MESSAGES RATED BY RESPONDENT.**

**Item #: MESS**

**Question type:** Grid

**Variable Text:** How much do you agree or disagree with the following statements?

**//PROGRAMMING NOTE: CAPTURE THE MESSAGE NUMBER SO THAT WE HAVE MESS\_CHILDCONV\_1, 2, 3; MESS\_BELIEVE\_1, 2, 3, ETC.//**

Variable Name	Variable Text	Variable Label
MESS_CHILDCONV	The message was convincing as a reason to get a COVID vaccine for my child(ren).	CHILDCONV: Convincing to Get Vaccinated

<b>MESS_BELIEVE</b>	<b>The message was believable.</b>	<b>BELIEVABLE:</b> Message believability
<b>MESS_DIFFICULT</b>	<b>The message was difficult to understand</b>	<b>DIFFICULT:</b> Difficulty of message
<b>MESS_LIKELYCHILD</b>	<b>I will get a COVID vaccine for my child(ren) after viewing the message.</b>	<b>LIKELY_CHILD:</b> Likelihood of getting child vaccine

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

## FINAL DEMOS

**[PROGRAMMING NOTE: DISPLAY TEXT]** These final questions are about your background, which may be important when understanding your COVID 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 #:** DEM10

**Question Type:** Single Punch

**Variable Name:** DEM10

**Variable Text:** Last year, in 2022 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 #:** 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