

## HHS COVID-19 PUBLIC EDUCATION CAMPAIGN

A campaign to increase vaccine confidence while reinforcing basic prevention measures



### COVID Public Education Media Opinions Survey

#### Welcome

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

OMB No. 0990-0476  
Exp. Date 03/31/2026

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 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.

Most people take about 20 minutes to complete the survey.

As mentioned, this survey will show you potential COVID 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](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 as well as reactions to advertisements about the COVID vaccines.

**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 the 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 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://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 \$5.00 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 the best ways to decrease COVID 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://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).

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](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: [21-011-821].

### [TERMINATION LANGUAGE]

We are 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 Label
1	Male
2	Female
3	Non-binary

4	Prefer to self-describe [OPEN END TEXT BOX]
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**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//**

**Hid\_Region: Code zip as follows (+ separate coding for state):**

1. Northeast
2. Midwest
3. South
4. West

**Hid\_UrbanCity [see urbancity worksheet for codes by zip code]**

**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 //**

**Hid\_Age: Code age as follows:**

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65-74
7. 75+

**Hid\_Age1: Code age as follows:**

1. 18-39
2. 40-49
3. 50-64
4. 65+

**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)

#### **Weighting\_RaceEth**

1. HISPANIC (EXCLUDING AIAN): DEM12≠3 AND DEM11=1
2. NH WHITE ALONE: DEM12=1 ONLY AND DEM11=2
3. NH BLACK ALONE: DEM12=2 ONLY AND DEM11=2
4. AIAN ALONE OR AIAN MULTI: DEM12=3
5. NH ASIAN/PI ALONE: DEM12=4,5 ONLY AND DEM11=2
6. NH OTHER/MULTI(NON-AIAN): DEM12= 2 or more from 1, 2, 4, 5

**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's degree
10	Bachelor's degree
11	Master's degree
12	Professional or doctorate degree
13	Other [Specify]

**Hid\_Education: Code as follows:**

1. HS Grad and Under : Dem13=1-7
2. Some College/Assoc. Degree: Dem13=8-9
3. Bachelor's Degree: Dem13=10
4. Master's Degree/Doctorate: Dem13=11/12

**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)

## SECTION 2: INTEREST AND INTENTIONS TO RECEIVE A COVID BOOSTER

[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 doses of a primary 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

**//TERMINATE IF BEH1a=0 (No) or 2 (I don't know)//**

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

**Item #:** BEH1b

**Question type:** Single punch

**Variable Name:** BEH1b

**Variable Text:** Which primary 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
-100	VALID SKIP

**Item #:** BEH1c

**Question type:** Dropdown Selection

**Variable Name:** BEH1c

**Variable Text:** In which month and year did you received your final dose in your primary 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 a primary series of J&J, Moderna, Pfizer, or Novavax).//**

Value	Value Label
Month drop-down selection	January - December
Year drop-down	2020, 2021, 2022
-100	VALID SKIP

**Item #:** BEH2a

**Question Type:** Grid

**Variable Name:** BEH2a

**Variable Text:** U.S. health officials and medical experts now recommend additional COVID doses after the primary 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 primary 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 BEH1b=1, 2, 3, or 4 (I have completed a primary series of J&J, Moderna, Pfizer, or Novavax).//**

**Terminate IF BEH2a\_2 = 1 (Yes, I have received an updated vaccine)**

Variable Name	Variable Text	Variable Label
BEH2a_1	I have received one or more booster	BEH2a_1: Booster



	dose(s) (available August 2021-August 2022)	
BEH2a_2	I have received an updated vaccine (available starting September 2022)	BEH2a_2: Updated vaccine

Value	Value Label
0	No
1	Yes
-100	VALID SKIP

**Item #:** BEH3a

**Question type:** Single punch

**Variable Name:** BEH3a

**Variable Text:** The FDA recently authorized an updated COVID vaccine, sometimes called “updated boosters” or “bivalent boosters,” to better target Omicron variants. Updated vaccines became available in early September 2022.

Medical experts now recommend that adults get the updated COVID vaccine 2 months after their latest dose of a COVID vaccine or booster.

How likely are you to get an updated COVID vaccine?

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

**//ASK IF BEH1b=1, 2, 3, or 4 (I have completed a primary series of J&J, Moderna, Pfizer, or Novavax) AND BEH2a\_2=0 (No).//**

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

**Item #:** BEH3b

**Question type:** Single punch

**Variable Name:** BEH3b

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

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

**//ASK IF BEH1b=1, 2, 3, or 4 (I have completed a primary series of J&J, Moderna, Pfizer, or Novavax) AND BEH2a\_2=0 (No). TERMINATE IF BEH3b=3 ( I will never get an updated vaccine)//**

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
-100	VALID SKIP

**END OF SCREENER**

**//PROGRAMMING NOTE: IF PARTICIPANTS DO NOT PASS THE ABOVE QUESTIONS, SHOW TERMINATION LANGUAGE HERE. IF THEY DO PASS THE ABOVE QUESTIONS, SHOW CONSENT FORM (WITH CONSENT QUESTION ON SAME SCREEN) HERE. IF THEY DO NOT PASS, SHOW TERMINATION LANGUAGE HERE.//**

**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//**

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.**

**Item #:** BEH3c

**Question type:** Single punch

**Variable Name:** BEH3c

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

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

**// ASK ONLY IF BEH3b = 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 #:** BEH4a

**Question type:** Grid

**Variable Text:** You responded that you will wait to get an updated COVID vaccine. For each of the following statements, is this a reason why you will wait to get an updated COVID vaccine? *Select yes or no for each item.*

**// RANDOMIZE ORDER OF SUBITEMS. //**

**// ASK ONLY IF BEH3b = 2 (I WILL WAIT TO GET THE BOOSTER SHOT FOR ONE OR MORE REASONS) //**

**// INCLUDE SOFT PROMPT IF BEH4A\_11 (OTHER) = 1 (“YES”), BUT NO TEXT IS ENTERED. //**

Variable Name	Variable Text	Variable Label
BEH4a_3	I first want to know if the updated vaccines are effective.	BEH4a_3: Reasons for waiting - Confirm effectiveness
BEH4a_5	I first want to talk to my doctor.	BEH4a_5: Reasons for waiting - Talk to doctor first
BEH4a_6	I want to compare the effectiveness of the different updated vaccines.	BEH4a_6: Reasons for waiting - Compare booster shots
BEH4a_7	I want to see if my friends and family get the updated vaccines.	BEH4a_7: Reasons for waiting - Friends/family
BEH4a_8	I want to see if others who get an updated vaccine develop any problems.	BEH4a_8: Reasons for waiting - Side effects
BEH4a_9	I want to make sure it is safe for people like me.	BEH4a_9: Reasons for waiting - Confirm safety
BEH4a_12	I already had COVID.	BEH4a_12: Reason for waiting - Had COVID
BEH4a_13	I want to wait until more is known about the long-term effects of the updated vaccines.	BEH4a_13: Reasons for waiting - Long-term effects
BEH4a_14	I am healthy and don't think I need a COVID updated vaccine.	BEH4a_14: Reasons for waiting - I am healthy
BEH4a_15	I want to wait to see if an updated vaccines 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 updated vaccines are against COVID variants, such as the Omicron variant.	BEH4a_17: Reasons for waiting - Variants
BEH4a_18	I don't want to keep getting COVID vaccines.	BEH4a_18: Reasons for waiting - Booster shots
BEH4a_19	I had a reaction or bad experience after my first	BEH4a_19: Reasons for waiting –

	COVID vaccine.	Bad reaction
BEH4a_20	I don't need an updated COVID vaccine because of my age.	BEH4a_20: Reasons for waiting – Age
BEH4a_21	I am not at risk for severe illness or death from COVID.	BEH4a_21: Reasons for waiting – Not at risk
BEH4a_22	I don't think an updated COVID is necessary.	BEH4a_22: Reasons for waiting – Not needed
BEH4a_23	I don't have enough information about the vaccine in my language.	BEH4a_23: Reasons for waiting – in language
BEH4a_24	I don't have enough information about the vaccine that is specific to my health conditions.	BEH4a_24: Reasons for waiting – health condition
BEH4a_25	I have difficulties with scheduling a vaccine appointment.	BEH4a_25: Reasons for waiting – scheduling
BEH4a_26	I can't afford to take the time it takes to get the vaccine.	BEH4a_26: Reasons for waiting – time
BEH4a_27	I can't afford to take the time off from my daily responsibilities if I got side effects from the vaccine.	BEH4a_27: Reasons for waiting – time off side effects
BEH4a_28	I need somebody to watch my kids while I get a vaccine.	BEH4a_28: Reasons for waiting – kids
BEH4a_29	I need somebody to watch my kids if I experience side effects to the vaccine.	BEH4a_29: Reasons for waiting – kids side effects
BEH4a_30	I need somebody to watch my kids if they experience side effects to the vaccine because I cannot take off of work.	BEH4a_30: Reasons for waiting – kids work
BEH4a_11	Other [TEXTBOX]	BEH4a_11: Reasons for waiting - Other

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

**Item #:** ATT9

**Question Type:** Grid

**Variable Name:** ATT9

**Variable text:** How much do you agree or disagree with the following statements about the updated COVID vaccines? *Select one response for each item.*

**//PROGRAMMING NOTE: Randomize subitems//**

Variable Name	Variable Text	Variable Label
ATT9_1	I would accept an updated COVID vaccine offered during a regularly scheduled appointment with my health care provider.	ATT9_1: Regular appointment
ATT9_2	I am worried that an updated COVID vaccine could give me COVID.	ATT9_2: Worried vaccine will give me COVID

ATT9_3	I would rather build immunity by being infected with COVID than receive an updated vaccine.	ATT9_3: Immunity by exposure
ATT9_4	I would get an updated COVID vaccine if there was another COVID surge.	ATT9_4: Surge
ATT9_5	I am worried about side effects of an updated COVID vaccine for myself.	ATT9_5: Worried about side effects
ATT9_6	I am worried that side effects of an updated COVID vaccine could be worse than COVID itself.	ATT9_6: Side effects worse than COVID
ATT9_7	I would get an updated COVID vaccine if it would help me continue to travel, work, and gather with friends/family.	ATT9_7: Travel friends
ATT9_8	The benefits of an updated COVID vaccine 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 Name: ATT10

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	I will be less likely to be hospitalized with COVID if I get an updated vaccine.	ATT10_1: Updated vax prevent hospitalization
ATT10_2	An updated COVID vaccine will prevent me from dying of COVID.	ATT10_2: Updated vax prevent death
ATT10_3	I will be less likely to get severely ill if I get an updated COVID vaccine.	ATT10_3: Updated vax prevent severe illness

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 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, 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 1 ADS./**

**AD:**

1. Big Deal

**//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 <b>[GO TO DEMOS AND TERMINATE]</b>
1	Yes
-99	REFUSED <b>[GO TO DEMOS AND TERMINATE]</b>

**Item #:** ADXX2

**Question type:** Single punch

**Variable Name:** ADXX2

**Variable Text:** Were you able to hear this ad on your computer?

**Variable Label:** ADXX2: Viewing confirmation

**//PROGRAMMING NOTE: SHOW ONLY IF RADIO/VIDEO AD//**

Value	Value Label
0	No <b>[GO TO DEMOS AND TERMINATE]</b>
1	Yes
-99	REFUSED <b>[GO TO DEMOS AND TERMINATE]</b>

**Item #:** ADXX11

**Question type:** Single punch

**Variable Name:** ADXX11

**Variable Text:** Had you seen this advertisement before today?

**Variable Label:** ADXX1: Exposure

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

**Item #:** ADXX3

**Question type:** Open-end

**Variable Name:** ADXX3

**Variable Text:** What was the main message of this ad? Please be as specific as possible.

**Variable Label:** ADXX3: OE comprehension

**//Limit to 1,000 characters. //**

**Item #:** ADXX4

**Question type:** Single punch

**Variable Name:** ADXX4

**Variable Text:** How difficult was it, if at all, to understand the main message of this ad?

**Variable Label:** ADXX4: Difficulty of ad

Value	Value Label
1	Not at all difficult
2	Slightly difficult
3	Moderately difficult
4	Very difficult
5	Extremely difficult
-99	REFUSED

**Item #:** ADXX5

**Question type:** Single punch

**Variable Name:** ADXX5

**Variable Text:** How complicated would you say the information in the message was, if at all?

**Variable Label:** ADXX5: Complicated

Value	Value Label
1	Not at all complicated
2	Slightly complicated
3	Moderately complicated
4	Very complicated
5	Extremely complicated
-99	REFUSED

**Item #:** ADXX6

**Question type:** Single punch

**Variable Name:** ADXX6

**Variable Text:** How believable, if at all, do you find this message?

**Variable Label:** ADXX6: Believability

Value	Value Label
1	Not at all believable
2	Not too believable
3	Somewhat believable
4	Very believable
5	Extremely believable
-99	REFUSED

**Item #:** ADXX10

**Question type:** Single punch

**Variable Name:** ADXX10

**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 an updated COVID vaccine.	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 an updated COVID vaccine.	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 an updated COVID vaccine. 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 Name:** ADXXReal

**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 Name:** ADXX8

**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 updated COVID vaccines	ADXX8_1: More_Info
ADXX8_2	Get an updated COVID vaccine	ADXX8_2: Vaccine
ADXX8_3	Visit vaccines.gov to find an updated vaccine near you	ADXX8_3: Website
ADXX8_4	Talk to your doctor about the updated COVID vaccines	ADXX8_4: Doctor
ADXX8_5	Talk about the updated COVID vaccines with those in your immediate social network (e.g., friends, family, colleagues)	ADXX8_5: Friends
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 an updated COVID vaccine. Please describe the main reasons why you are [PIPE ANSWER (all lowercase) FROM ADXX8\_2] to get an updated COVID vaccine. Variable Label: ADXX8\_2A: OE Vaccine

//Limit to 1,000 characters. Cannot skip this question//

Item #: ADXX12

Question type: Grid

Variable Name: ADXX12

Variable Text: You said you were [PIPE ANSWER (all lowercase) FROM ADXX8\_2] to get an updated COVID vaccine. For each of the following statements, is this a reason why you are [PIPE ANSWER (all lowercase) FROM ADXX8\_2] to get an updated COVID vaccine? 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 ADXX12\_18 (OTHER) = 1 (“YES”), BUT NO TEXT IS ENTERED. //

Variable Name	Variable Text	Variable Label
ADXX12_1	I first want to know if the updated COVID vaccines are effective.	ADXX12_1: Reasons for waiting - Confirm effectiveness
ADXX12_2	I first want to talk to my doctor.	ADXX12_2: Reasons for waiting - Talk to doctor first
ADXX12_3	I want to compare the effectiveness of the different updated COVID vaccines.	ADXX12_3: Reasons for waiting - Compare booster shots
ADXX12_4	I want to see if my friends and family get the updated COVID vaccines.	ADXX12_4: Reasons for waiting - Friends/family
ADXX12_5	I want to see if others who get an updated COVID vaccine develop any problems.	ADXX12_5: Reasons for waiting - Side effects
ADXX12_6	I want to make sure it is safe for people like me.	ADXX12_6: Reasons for waiting - Confirm safety
ADXX12_7	I already had COVID.	ADXX12_7: Reason for waiting - Had COVID
ADXX12_8	I want to wait until more is known about the long-term effects of the updated COVID vaccines.	ADXX12_8: Reasons for waiting - Long-term effects
ADXX12_9	I am healthy and don't think I need an updated COVID vaccine.	ADXX12_9: Reasons for waiting - I am healthy

ADXX12_10	I want to wait to see if updated COVID vaccines will be mandatory for my work, school, or other activities.	ADXX12_10: Reasons for waiting – Mandatory
ADXX12_11	I want to wait until I have time to take off work/school.	ADXX12_11: Reasons for waiting – Time
ADXX12_12	I want to wait to see how effective the updated COVID vaccines are against COVID variants, such as the Omicron variant.	ADXX12_12: Reasons for waiting - Variants
ADXX12_13	I don't want to keep getting COVID vaccines.	ADXX12_13: Reasons for waiting - Booster shots
ADXX12_14	I had a reaction or bad experience after my first COVID vaccine.	ADXX12_14: Reasons for waiting – Bad reaction
ADXX12_15	I don't need updated COVID vaccines because of my age.	ADXX12_15: Reasons for waiting – Age
ADXX12_16	I am not at risk for severe illness or death from COVID.	ADXX12_16: Reasons for waiting – Not at risk
ADXX12_17	I don't think an updated COVID is necessary.	ADXX12_17: Reasons for waiting – Not needed
ADXX12_23	I don't have enough information about the vaccine in my language.	ADXX12_23: Reasons for waiting – in language
ADXX12_24	I don't have enough information about the vaccine that is specific to my health conditions.	ADXX12_24: Reasons for waiting –health condition
ADXX12_25	I have difficulties with scheduling a vaccine appointment.	ADXX12_25: Reasons for waiting – scheduling
ADXX12_26	I can't afford to take the time it takes to get the vaccine.	ADXX12_26: Reasons for waiting – time
ADXX12_27	I can't afford to take the time off from my daily responsibilities if I got side effects from the vaccine.	ADXX12_27: Reasons for waiting – time off side effects
ADXX12_28	I need somebody to watch my kids while I get a vaccine.	ADXX12_28: Reasons for waiting – kids
ADXX12_29	I need somebody to watch my kids if I experience side effects to the vaccine.	ADXX12_29: Reasons for waiting – kids side effects
ADXX12_30	I need somebody to watch my kids if they experience side effects to the vaccine because I cannot take off of work.	ADXX12_30: Reasons for waiting – kids work
ADXX12_18	Other [TEXTBOX]	ADXX12_18: Reasons for waiting – Other

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

Item #: ADXX13

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
ADXX13_1	An updated COVID vaccine will prevent me from	ADXX13_1: Booster

	being hospitalized with COVID.	prevent hospitalization
ADXX13_2	An updated COVID vaccine will prevent me from dying of COVID.	ADXX13_2: Booster prevent death
ADXX13_3	An updated COVID vaccine will protect me from getting severely ill from COVID.	ADXX13_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 #:** UV1

**Question type:** Single punch

**Variable Name:** UV1

**Variable Text:** Are you eligible for an updated COVID vaccine?

**Variable Label:** UV1: Eligibility

Value	Value Label
0	No
1	Yes
2	I don't know, but I know how to find out.
3	I don't know, and I don't know how to find out.
4	Other [Write In]
-100	VALID SKIP

**Item #:** UV2

**Question type:** Single punch

**Variable Name:** UV2

**Variable Text:** Which vaccine dose were you thinking of when you were answering questions about the ad you viewed?

**Variable Label:** UV2: Confirmation

Value	Value Label
0	The primary COVID vaccine series.
1	An additional dose that uses the same formula as the primary vaccines.
2	An additional dose that has been updated from the original formula.

**Item #: RANK1**

**Question type:**

**Variable Name: RANK1**

**Variable Text: After watching the two ads, which ad did you like the best?**

**//PROGRAMMING NOTE: DISPLAY SCREENSHOTS OF EACH AD WITH THE CHOICES//**

**Variable Label:**

<b>Value</b>	<b>Value Label</b>
<b>1</b>	<b>Ad 1</b>
<b>2</b>	<b>Ad 2</b>

**Item#: RANK2**

**Question type:** Open-end

**Variable Name: RANK2\_oe**

**Variable Text: You selected [PIPE PREVIOUS ANSWER] as the ad you liked best. Please describe the main reasons you liked the ad better.**

**Variable Label: Ad rank - OE**

## COVID EXPERIENCE

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

Item #: COV8\_1

Question type: Single punch

Variable Name: COV8\_1

Variable Text: Have you ever tested positive for COVID?

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? *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.	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 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 statement comes closest to your opinion of your recovery from your COVID 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 infection
2	
3	
4	
5	I feel that I am fully recovered from my COVID 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?

**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 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 <b>[EXCLUSIVE]</b>
-99	REFUSED
-100	VALID SKIP

**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	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)//**

<b>Value</b>	<b>Value Label</b>
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, including Affordable Care Act Marketplace insurance
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