



**Centers for Disease Control and Prevention**  
**Division of Healthcare Quality Promotion**  
*Be Antibiotics Aware (BAA)*  
**Consumer Pretest Survey**  
Prepared for DHQP by CATMEDIA

**TABLE OF CONTENTS**

<b>CONSUMER INTENDED AUDIENCES</b>	<b>2</b>
<b>PRIORITY MARKETS</b>	<b>2</b>
<b>CLASSIFICATION OF RESPONDENTS BASED ON THEIR RESPONSES TO THE SCREENER QUESTIONS</b>	<b>2</b>
<b>END OF SCREENER MESSAGE</b>	<b>3</b>
<b>SCREENER INELIGIBILITY MESSAGE</b>	<b>3</b>
<b>BAA CONSUMER SCREENER BEGINS HERE</b>	<b>3</b>
<b>BAA CONSUMER PRETEST SCREENER [ALL]</b>	<b>4</b>
<b>GENERAL INSTRUCTIONS FOR PROGRAMMER AND RECRUITER</b>	<b>8</b>
<b>INELIGIBILITY MESSAGE</b>	<b>8</b>
<b>END OF SURVEY MESSAGE FOR PRETEST</b>	<b>8</b>
<b>EXPOSURE TO CAMPAIGN [ALL]</b>	<b>8</b>
CAMPAIGNS	9
<b>FREQUENCY AND CHANNEL OF EXPOSURE [ALL]</b>	<b>9</b>
PRINTED MEDIA	9
SOCIAL MEDIA	10
ONLINE/INTERNET MEDIA	10
TV AND RADIO MEDIA	11
PUBLIC PLACES	11
HEALTHCARE SETTINGS	12
OTHER MEDIA	12
<b>KNOWLEDGE [ALL]</b>	<b>13</b>
<b>ATTITUDES AND BELIEFS [ALL EXCEPT FAMILY CAREGIVER]</b>	<b>15</b>
PERCEIVED SUSCEPTIBILITY	15
PERCEIVED SEVERITY	16
PERCEIVED BENEFITS	17
PERCEIVED BARRIERS TO USING ANTIBIOTICS APPROPRIATELY	17
SELF-EFFICACY	17
PERCEIVED IMPORTANCE OF DISCUSSING APPROPRIATE ANTIBIOTIC USE WITH HCPS	18
<b>ATTITUDES AND BELIEFS [FOR FAMILY CAREGIVER]</b>	<b>18</b>
PERCEIVED SUSCEPTIBILITY	19

<i>PERCEIVED SEVERITY</i>	20
<i>PERCEIVED BENEFITS</i>	20
<i>PERCEIVED BARRIERS TO USING ANTIBIOTICS APPROPRIATELY</i>	21
<i>SELF-EFFICACY</i>	21
<i>PERCEIVED IMPORTANCE OF DISCUSSING APPROPRIATE ANTIBIOTIC USE WITH HCPS</i>	22
<b>BEHAVIOR [ALL EXCEPT FAMILY CAREGIVER]</b>	22
<b>BEHAVIOR [FOR FAMILY CAREGIVER]</b>	25
<b>SOURCES OF INFORMATION [ALL]</b>	27
<b>DEMOGRAPHIC CHARACTERISTICS [ALL]</b>	29
<b>CONSUMER INCENTIVE PAGE [ALL]</b>	29

## **CONSUMER INTENDED AUDIENCES**

---

1. Healthy adults who visit urgent care (ages 18-64 for participants who live in TN and IA) and (ages 19-64 for participants who live in NE).
2. Community dwelling older adults 65+.
3. Family caregivers of nursing home (long-term care) residents (18+ for participants who live in TN and IA and 19+ for participants in live in NE).

## **PRIORITY MARKETS**

---

1. Tennessee (TN)\*\*\*18+
2. Iowa (IA)\*\*\*18+
3. Nebraska (NE)\*\*\*19+

## **CLASSIFICATION OF RESPONDENTS BASED ON THEIR RESPONSES TO THE SCREENER QUESTIONS**

---

**Respondents should be classified as “Healthy adults who visit urgent care” if their response(s) to**

- **Q7 = age is between 18-64 (in TN or IA) or 19-64 (in NE) AND**
- **Q12 = Yes AND**
- **Q13 = Yes AND**
- **Q14 = Excellent, very good, OR good**

**Respondents should be classified as “Family caregivers of nursing home (long-term care) residents” if their response(s) to**

- **Q7 = age is between 18-64 (in TN or IA) or 19-64 (in NE) AND**
- **Q15 = Yes**

**Respondents should be classified as “Community dwelling older adults 65+” if their response(s) to**

- **Q7 = age is 65+ AND**
- **Q16 = “By myself” or “With family members”**

**Tallgrass: Do not send a survey link to participants who did not fall under any intended audience group.**

## **END OF SCREENER MESSAGE**

---

**Programmer: Present this message to participants who completed the screener.**

Thank you for answering the screening questions. If you are eligible to participate, you will receive an email with a copy of your signed informed consent and the link to take the survey. The incentive described in the informed consent will be available upon completion of the survey. If you have any questions or concerns, please contact Julie Overby at [j.o@tallgrassmarketresearch.com](mailto:j.o@tallgrassmarketresearch.com) or call phone number 253-238-7787 or 360-942-8466.

Thank you for your time.

## **SCREENER INELIGIBILITY MESSAGE**

---

**Programmer: Present this message to participants who do not give their consent and respondents who provide a response that makes them ineligible to continue with the survey.**

Thank you for your willingness to participate in this survey. Unfortunately, you are not eligible to proceed with the survey. If you have any questions, please contact Julie Overby at [j.o@tallgrassmarketresearch.com](mailto:j.o@tallgrassmarketresearch.com) or call phone number 253-238-7787 or 360-942-8466.

Thank you for your time.

## **BAA CONSUMER SCREENER BEGINS HERE**

---

### **INFORMED CONSENT TO PARTICIPATE IN AN ONLINE SURVEY**

On behalf of the Centers for Disease Control and Prevention (CDC), CATMEDIA, an Atlanta-based program management, training, and creative services company, is conducting an online survey with adults to gather feedback on educational materials related to antibiotic use. We hope to use what we learn from these survey results to improve these materials and/or how and where we promote them to raise awareness within your community. This is the screener. After you are determined as eligible to participate, you will only be asked to complete the survey once. We expect the survey to take about 20 minutes.

Your participation in this survey is completely voluntary. You may choose to skip questions that you do not want to answer and/or stop the survey at any time for any reason. Refusal to participate will not result in any penalties.

If you choose to participate in this survey, we will keep your answers private and will not share your personal information with anyone outside of the survey team.

At the end of the survey, you will receive \$25 through Venmo or PayPal, or a \$25 gift card as a token of our appreciation for your time. You should receive it within 7 business days.

If you have questions or need a copy of the informed consent, please email Julie Overby at [j.o@tallgrassmarketresearch.com](mailto:j.o@tallgrassmarketresearch.com) or call 253-238-7787 or 360-942-8466.

Please answer the question below and print a copy for your records before proceeding to the next page. If you select “Yes,” it means you understand the information in this consent form and that you agree to take the survey.

*All questions with an asterisk [\*] require a response.*

1. \* Do you agree to participate in this survey?  
 Yes  
 No

**Programmer: If the respondent selects “Yes” to the question, “Do you agree to participate in this survey” present the next page for the respondent to enter their name as an electronic signature and date of consent.**

**If the respondent selects “No” terminate the survey and present the INELIGIBILITY MESSAGE.**

2. \* Enter your full name here.

3. \* Enter today’s date here. (MM/DD/YYYY)

Programmer: If the respondent enters their name as an electronic signature and date of consent, do not terminate the survey.

## **BAA CONSUMER PRETEST SCREENER [ALL]**

**Programmer: Include one question per page. Screener should terminate as soon as the respondent selects an option that deems him/her ineligible.**

Thank you for participating in this survey. The results of this survey will help the Centers for Disease Control and Prevention (CDC) refine its ongoing campaign to improve antibiotic use by helping CDC staff understand the public’s response to the campaign and its key messages.

**OMB Statement**

Form Approved  
OMB No. 0920-1387  
Expiration Date: 03/31/2026

*Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1387*

- 4. \* May we ask you some questions to see if you are eligible to take this survey?  
 Yes  
 No **[INELIGIBLE/TERMINATE]**

**Programmer: If “No” to Q4, TERMINATE else proceed with survey.**

- 5. In what State do you live? \_\_\_\_\_

**Programmer: Create a dropdown option with all U.S. States and options for “Prefer not to answer” and “I cannot find my State.”**

- 6. In what ZIP Code do you live? \_\_\_\_\_

**Programmer: Create a dropdown option with approved ZIP Codes and options for “Prefer not to answer” and “I cannot find my ZIP Code.”**

**Programmer: Priority markets include Tennessee (TN), Iowa (IA), and/or Nebraska (NE).**

**Programmer: If not within one of the priority markets and approved ZIP Codes, TERMINATE, otherwise, proceed with survey.**

- 7. How old are you? \_\_ years

Prefer not to answer **[INELIGIBLE/TERMINATE]**

**If the respondent is a resident of Nebraska and under 19 years of age, TERMINATE and present the INELIGIBILITY message.**

**For all other markets, If the respondent is under 18 years of age, TERMINATE and present the INELIGIBILITY message.**

**If “Prefer not to answer,” TERMINATE.**

**If the respondent is eligible based on age, proceed with survey.**

8. What sex were you assigned at birth, on your original birth certificate?
  - Male
  - Female
  - Refused
  - I don't know
  
9. Do you currently describe yourself as male, female, transgender?
  - Male
  - Female
  - Transgender
  - None of these
  
10. What language do you **primarily** use at home (i.e., when speaking with friends or family)?
  - English
  - Spanish
  - English and Spanish equally
  - Another language, please specify below:
  - Prefer not to answer
  
11. What language do you **primarily** use when looking for, reading, or communicating about health information?
  - English
  - Spanish
  - English and Spanish equally
  - Another language, please specify below:
  - Prefer not to answer
  
12. Have you visited an urgent care clinic to receive medical care at least once in the past **12 months** for yourself (not for the care of a loved one)? Urgent care clinics are freestanding clinics that treat patients for unscheduled or walk-in infections or injuries but DO NOT include a pharmacy (clinics in CVS or Walgreens are not considered urgent care clinics), a store, or an emergency department.
  - Yes
  - No
  - Not sure
  
13. When you visited an urgent care clinic, did you do so for a respiratory infection, such as a common cold, flu, or COVID-19?

- Yes
- No
- Do not know/cannot recall

14. How would you rate your overall physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

15. Are you the primary caregiver of a family member who is in a nursing home or long-term care facility?

- Yes
- No

16. What is your current living situation? Select all that apply.

**Programmer: Present this question to adults aged 65+ only.**

- By myself
- With family members
- In a nursing home or long-term care facility
- Other, please specify:

17. Do you, your spouse/partner, or any other member of your household currently or in the past work for/as:

	Yes	No
a. A market research company (involved in doing surveys, focus groups, interviews to understand trends, etc.)		
b. An advertising agency or public relations/marketing firm		
c. The media (TV/radio/newspapers/magazines)		
d. A healthcare setting or a health and wellness organization (e.g., doctor's office, clinic, hospital, health department, fitness center)		
e. A healthcare professional (e.g., doctor, nurse, pharmacist, physician assistant, medical assistant, dietician, aid, sitter, social worker)		

**Programmer: If the respondent selects "Yes" to any of Q17 (a-e), TERMINATE and present the ineligibility message.**

## **GENERAL INSTRUCTIONS FOR PROGRAMMER AND RECRUITER**

---

1. Hide all subheadings of sections and questions from respondents.
2. Hide all programmer's instructions from respondents.
3. Terminate also means ineligible.
4. Terminate all ineligible respondents immediately.
5. Present the "Ineligibility Message" whenever a response terminates the survey.
6. **RECRUITER:** Terminate after quota for each category, audience, and/or group is met.
7. **RECRUITER:** Assign participants to only one intended audience group.

## **INELIGIBILITY MESSAGE**

---

Thank you for your willingness to participate in this survey. Unfortunately, you are not eligible to proceed with the survey. If you have any questions, please contact Julie Overby at [j.o@tallgrassmarketresearch.com](mailto:j.o@tallgrassmarketresearch.com) or call phone number 253-238-7787 or 360-942-8466.

Thank you for your time.

## **END OF SURVEY MESSAGE FOR PRETEST**

---

**Programmer: Place this message in the collector's page for custom thank you.**

Thank you for taking the time to participate in this important survey!

To learn more about appropriate antibiotic use, please visit <https://www.cdc.gov/antibiotic-use/>

**Programmer: Place this link in the collector's page for custom URL to redirect all respondents to this link.**

Link: <https://www.cdc.gov/antibiotic-use/>

## **EXPOSURE TO CAMPAIGN [ALL]**

---

**Programmer: Include one question per page.**

Now, we would like to ask you about a CDC campaign on improving antibiotic use that you may or may not have seen or heard about in the past **12 months**.

1. Please indicate below whether you have seen or heard any of the following campaign names or slogans in the past **12 months**.

**Programmer: Rotate (a - e), the column named "Campaigns" among respondents.**



CAMPAIGNS	Yes	No	Do not know/ cannot recall
a. <i>Get Ahead of Antibiotics</i>			
b. <i>Flip the Script</i>			
c. <i>Be Antibiotics Aware</i>			
d. <i>Get Smart About Antibiotics</i>			
e. <i>Don't Miss-take Antibiotics</i>			

2. In the past **12 months**, did you see this logo or hear this logo/slogan (“*Be Antibiotics Aware*,” “Smart Use, Best Care”) anywhere?

- Yes
- No
- Do not know/cannot recall



**Programmer: Categorize respondents as “UNEXPOSED” only if the respondent selects “No,” “Do not know/cannot recall” or did not respond to Q1c and Q2, then proceed to the KNOWLEDGE section.**

**Respondents with any other combination should be “EXPOSED,” then proceed to FREQUENCY AND CHANNEL OF EXPOSURE section.**

## FREQUENCY AND CHANNEL OF EXPOSURE [ALL]

**Programmer: Include one question per page.**

You indicated that you had seen or heard the campaign name, *Be Antibiotics Aware*, or seen the campaign logo in the past **12 months**.

3. In the past **12 months**, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in ...?

**Programmer: Rotate the media options (Poster, Fact sheet, Brochure, etc.). Leave “Other” response last.**

PRINTED MEDIA	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Poster						
Fact sheet						
Brochure						
Graphic						
Newspaper/magazine advertisement						
Flyer						

PRINTED MEDIA	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Other print media, please specify below:						

4. In the past **12 months**, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo on ...?

**Programmer: Rotate the media options (Facebook, Instagram, Twitter, etc.). Leave “Other” response last.**

SOCIAL MEDIA	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Facebook						
Instagram						
Twitter						
LinkedIn						
YouTube						
Other social media, please specify below:						

5. In the past **12 months**, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in...?

**Programmer: Rotate the media options (Online/Internet Media). Leave “Other” response last.**

ONLINE/INTERNET MEDIA	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Health websites/resources (e.g., WebMD, Mayo Clinic)						
Website advertisements						
Online news articles						
Streaming TV/video services (e.g., Hulu, Netflix, [Amazon] Prime Video)						
Streaming internet radio						
Blogs						
Advertisements on mobile phone (including mobile						

ONLINE/INTERNET MEDIA	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
apps)						
Search engines (e.g., Google)						
Other websites, please specify below:						

6. In the past **12 months**, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo on...?

**Programmer: Rotate the media options (TV and Radio Media). Leave “Other” response last.**

TV AND RADIO MEDIA	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Television (cable, satellite, or antenna)						
Broadcast radio						
Other media formats, please specify below:						

7. In the past **12 months**, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo on...?

**Programmer: Rotate the media options (Public Places). Leave “Other” response last.**

PUBLIC PLACES	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Billboards						
Bus, train, or subway stations						
Buses or taxi cabs						
Advertisement in a shopping center or parking lot						

Advertisement in a mall	
Advertisement in a grocery store	
Advertisement in a pharmacy (retail or hospital)	
Other public places, please specify below:	

8. In the past **12 months**, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in ...?

<b>HEALTHCARE SETTINGS</b>	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Videos/commercials shown at doctor’s offices and/or healthcare facilities						
Other campaign placements at healthcare facilities, please specify below:						

9. In the past **12 months**, approximately how often did you see or hear CDC’s *Be Antibiotics Aware* campaign messages, campaign name, or logo in ...?

**Programmer: Rotate the media options (Other Media). Leave “Other” response last.**

<b>OTHER MEDIA</b>	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Emails or e-newsletters						
Podcasts						
Webcasts or webinars						

OTHER MEDIA	1-2 times a day	Once a week	1-3 times a month	Less than once a month	Never	Do not know/cannot recall
Live events						
Other media, please specify below:						

**Programmer: If the respondent selects “Never” and/or “Do not know/cannot recall” as responses to ALL options in this section “Frequency and Channel of Exposure” proceed to the next question (open-ended question), else skip it.**

10. You indicated that you saw or heard the campaign name, *Be Antibiotics Aware*, or saw the campaign logo in the past **12 months**. Where did you see or hear it?



**[open-ended response]**

**Programmer: If the respondent selects "Never or “Do not know/cannot recall” for ALL options in this section “Frequency and Channel of Exposure” and leaves the above open-ended question blank, reclassify these respondents as “UNEXPOSED” and proceed to KNOWLEDGE section.**

## **KNOWLEDGE [ALL]**

Next, we would like to ask you a few questions about antibiotics.

**Programmer: Include one question per page. ACCURATE/INACCURATE responses have been indicated but do not disclose to respondents.**

11. Which types of infections do antibiotics treat?
- Certain infections caused by viruses, including the one that causes COVID-19 **[INACCURATE]**
  - Certain infections caused by bacteria **[ACCURATE]**
  - Certain infections caused by bacteria and viruses **[INACCURATE]**
  - Do not know **[INACCURATE] [Programmer: Lock response.]**
12. Which of the following infections do antibiotics treat? Select all that apply.

- Common cold **[INACCURATE]**
- COVID-19 **[INACCURATE]**
- Whooping cough **[ACCURATE]**
- Influenza (flu) **[INACCURATE]**
- Pneumonia (caused by bacteria) **[ACCURATE]**
- Do not know **[INACCURATE] [Programmer: Lock response.]**

13. When antibiotics are not needed to treat your infection, taking antibiotics will still help.

- True **[INACCURATE]**
- False **[ACCURATE]**
- Unsure **[INACCURATE]**

14. Taking antibiotics can lead to side effects that could cause harm.

- True **[ACCURATE]**
- False **[INACCURATE]**
- Do not know **[INACCURATE]**

15. Which of the following are common side effects of antibiotics? Select all that apply.

- Rash **[ACCURATE]**
- Nausea **[ACCURATE]**
- Diarrhea **[ACCURATE]**
- Yeast infections **[ACCURATE]**
- Do not know **[INACCURATE] [Programmer: Lock response.]**

16. Which of the following statement(s) is/are true about antibiotic resistance? Select all that apply.

- Anytime antibiotics are used, they can contribute to antibiotic resistance **[ACCURATE]**
- Infections caused by antibiotic-resistant germs are always easy to treat with antibiotics **[INACCURATE]**
- Antibiotic resistance happens when germs no longer respond to the antibiotics designed to kill them **[ACCURATE]**
- When antibiotics are needed, the benefits usually outweigh the risks of antibiotic resistance **[ACCURATE]**
- Do not know **[INACCURATE] [Programmer: Lock response.]**

17. When taking antibiotics, \_\_\_\_\_ . Select all that apply.

- I should take my antibiotics exactly as my healthcare professional prescribed **[ACCURATE]**
- It is okay if I skip doses of my antibiotics **[INACCURATE]**
- I can save leftover antibiotics for later **[INACCURATE]**
- It is okay to share my leftover antibiotics with a family member or friend who is not feeling well **[INACCURATE]**
- Do not know **[INACCURATE] [Programmer: Lock response.]**

18. Which of the following can help you feel better when you have a cold? Select all that apply.

- Drink plenty of fluids **[ACCURATE]**
- Ask my HCP for an antibiotic **[INACCURATE]**
- Use a clean humidifier or cool mist vaporizer to relieve congestion **[ACCURATE]**
- Use a saline nasal spray or drops to relieve congestion **[ACCURATE]**
- Use honey to relieve cough for adults and children at least 1 year of age or older **[ACCURATE]**
- Do not know **[INACCURATE] [Programmer: Lock response.]**

## **ATTITUDES AND BELIEFS [ALL EXCEPT FAMILY CAREGIVER]**

---

**Programmer: Include one question per page. Do not allow participants to go back and change their answer to a previous question.**

**Keep the following text on the same page as the first question in this section.**

Next, we are going to ask you some questions to learn more about your perspective on antibiotics. Please give us your honest responses. There are no right or wrong answers to any of these questions.

We would like to provide you with a definition of a few key terms to assist you in answering the following questions:

***Antibiotic resistance happens when germs no longer respond to the antibiotics designed to kill them. That means the germs are not killed and continue to grow. It does not mean your body is becoming resistant to antibiotics.***

***Clostridioides difficile (often called C. difficile or C. diff) is a germ (bacterium) that causes severe diarrhea and colitis, or inflammation of the colon. C. diff infection can lead to severe colon damage and death.***

19. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

<b>PERCEIVED SUSCEPTIBILITY</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. I believe that I may have taken antibiotics when I didn't need them over the last <b>12 months</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I believe that I could get an antibiotic-resistant infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that any time people take antibiotics, it contributes to antibiotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>PERCEIVED SUSCEPTIBILITY</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
resistance.					
d. I believe that my healthcare professional(s) may have given me prescriptions for antibiotics when they were not necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I believe that anyone taking antibiotics can experience side effects, such as rash, nausea, and/or diarrhea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I believe that taking antibiotics can lead to serious side effects, including <i>Clostridioides difficile</i> (or <i>C. diff</i> ) infection, life-threatening allergic reactions, or antibiotic-resistant infections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

<b>PERCEIVED SEVERITY</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. If I got an antibiotic-resistant infection, it could be very dangerous for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I believe that antibiotic resistance is a severe problem that can threaten the health of myself and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that antibiotics can sometimes lead to more serious side effects, including <i>Clostridioides difficile</i> (or <i>C. diff</i> ) infection, life-threatening allergic reactions, or antibiotic-resistant infections, which can be very dangerous for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

<b>PERCEIVED BENEFITS</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I believe that using antibiotics only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>PERCEIVED BENEFITS</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
when needed helps to ensure these drugs will be available for future generations.					
b. I believe that using antibiotics only when needed helps to keep me safe from side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that using antibiotics only when needed helps fight antibiotic resistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

<b>PERCEIVED BARRIERS TO USING ANTIBIOTICS APPROPRIATELY</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. If my healthcare professional told me to wait a few days to see if I feel better before prescribing antibiotics, I would feel inconvenienced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If my healthcare professional told me I didn't need antibiotics for my infection, I would feel worried that I wouldn't feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If my healthcare professional told me I didn't need antibiotics for my infection, I would feel worried that I might get sicker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Please indicate your level of confidence for each of the following questions.

<b>SELF-EFFICACY</b>	Not at all Confident	Somewhat Confident	Moderately Confident	Confident	Very Confident
a. When you have a viral infection, how confident are you that you will not need antibiotics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How confident are you in your ability to discuss your questions and concerns about antibiotics with your healthcare professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How confident are you that you will accept your healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SELF-EFFICACY</b>	Not at all Confident	Somewhat Confident	Moderately Confident	Confident	Very Confident
professional's recommendation if they say you do not need antibiotics?					

24. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

<b>PERCEIVED IMPORTANCE OF DISCUSSING APPROPRIATE ANTIBIOTIC USE WITH HCPS</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. When I'm sick, it's important to talk with my healthcare professionals about what the best treatment is for my respiratory infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I'm sick, but antibiotics aren't needed, it is important to talk with my healthcare professionals about other ways to feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I'm sick and antibiotics can help, it is important to talk with my healthcare professionals about the risks of taking antibiotics (e.g., side effects, antibiotic resistance).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I'm sick and antibiotics can help, it is important to talk with my healthcare professional(s) about the benefits of taking antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **ATTITUDES AND BELIEFS [FOR FAMILY CAREGIVER]**

**Programmer: Include one question per page. Do not allow participants to go back and change their answer to a previous question.**

**Keep the following text on the same page as the first question in this section.**

Next, we are going to ask you some questions to learn more about your perspective on antibiotics. Please give us your honest responses. There are no right or wrong answers to any of these questions.

We would like to provide you with a definition of a few key terms to assist you in answering the following questions:

***Antibiotic resistance happens when germs no longer respond to the antibiotics designed to kill them. That means the germs are not killed and continue to grow. It does not mean your body is becoming resistant to antibiotics.***

***Clostridioides difficile (often called C. difficile or C. diff) is a germ (bacterium) that causes severe diarrhea and colitis, or inflammation of the colon. C. diff infection can lead to severe colon damage and death.***

25. Now please think about your older adult family member who lives in a nursing home and who is under your care. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

PERCEIVED SUSCEPTIBILITY	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I believe that my family member may have taken antibiotics when they didn't need them during the last <b>12 months</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I believe that my family member could get an antibiotic-resistant infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that any time people take antibiotics, it contributes to antibiotic resistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I believe that my family member's healthcare professional(s) may have given prescriptions for antibiotics when they were not necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I believe that anyone taking antibiotics can experience side effects, such as rash, nausea, and/or diarrhea.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I believe that if my family member takes antibiotics it can lead to serious side effects such as <i>Clostridioides difficile</i> (or <i>C. diff</i> ) infection or life-threatening allergic reactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Please continue to think about your older adult family member who lives in a nursing home and who is under your care. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

PERCEIVED SEVERITY	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. If my family member got an antibiotic-resistant infection, it could be very dangerous for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I believe that antibiotic resistance is a severe problem that can threaten the health of my family member and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that antibiotics can lead to serious side effects such as <i>Clostridioides difficile</i> (or <i>C. diff</i> ) infection, which can cause diarrhea and death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please continue to think about your older adult family member who lives in a nursing home and who is under your care. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

PERCEIVED BENEFITS	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I believe that my family member using antibiotics only when needed helps to ensure these drugs will be available for future generations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I believe that my family member using antibiotics only when needed helps to keep them safe from side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I believe that my family member using antibiotics only when needed helps fight antibiotic resistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Please continue to think about your older adult family member who lives in a nursing home and who is under your care. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

<b>PERCEIVED BARRIERS TO USING ANTIBIOTICS APPROPRIATELY</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. If my healthcare professional told my family member to wait a few days to see if they feel better before prescribing antibiotics, they would feel inconvenienced.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If my healthcare professional told my family member, they didn't need antibiotics for their respiratory infection, I would feel worried that they wouldn't feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If my healthcare professional told my family member, they didn't need antibiotics for their respiratory infection, I would feel worried that they might get sicker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Please think about your older adult family member who lives in a nursing home and who is under your care. Please indicate your level of confidence for each of the following questions.

<b>SELF-EFFICACY</b>	Not at all Confident	Somewhat Confident	Moderately Confident	Confident	Very Confident
a. When your family member has a viral infection, how confident are you that they do not need antibiotics to treat the infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How confident are you in your ability to discuss your questions and concerns about your family member's antibiotic use with their healthcare professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How confident are you that you can accept your family member's healthcare professional's recommendation if they say that they do not need antibiotics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Please continue to think about your older adult family member who lives in a nursing home and who is under your care. Please indicate the extent to which you agree with the following statements, from strongly disagree to strongly agree.

<b>PERCEIVED IMPORTANCE OF DISCUSSING APPROPRIATE ANTIBIOTIC USE WITH HCPS</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. When my family member is sick, it is important to talk with their healthcare professional(s) about what the best treatment is for their illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When my family member is sick, but antibiotics are not needed, it is important to talk with their healthcare professionals about other ways to feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When my family member is sick and antibiotics can help, it is important to talk with their healthcare professional(s) about the risks of taking antibiotics (e.g., side effects, antibiotic resistance).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When my family member is sick and antibiotics can help, it is important to talk with their healthcare professional(s) about the benefits of taking antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BEHAVIOR [ALL EXCEPT FAMILY CAREGIVER]**

**Programmer: Include one question per page.**

31. Think about the visits you had with a healthcare professional for a respiratory infection over the past **12 months**. These include both in-person and telehealth visits. During these visits, how often did you speak with your healthcare professional(s) about the following?

	Never	Rarely	Sometimes	Often	Always	Do not know/cannot recall	Did not visit healthcare professional for an infection in the past <b>12 months</b>
a. If antibiotics were or were not needed to treat my infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to feel better when I was sick without taking antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The risks of taking an antibiotic (e.g., antibiotic resistance, side effects) when I was sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The benefits of taking antibiotics when I was sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Programmer: If all responses to the above question are “Did not visit healthcare professional for an infection in the past 12 months” skip the rest of the questions in this section else proceed to the next question below.**

32. In the past **12 months**, how often have you expected—but not directly asked—a healthcare professional to prescribe you antibiotics?

- Always
- Often
- Sometimes
- Rarely
- Never
- Do not know/cannot recall

33. In the past **12 months**, did you expect – but not directly ask for -- a healthcare professional to prescribe you antibiotics because you had COVID-19?

- Yes, I had COVID-19 and expected antibiotics
- No, I had COVID-19 but did not expect antibiotics

- No, I have not had COVID-19 in the past **12 months**
- Do not know/cannot recall

34. In the past **12 months**, how often have you directly asked a healthcare professional to prescribe you antibiotics?

- Always
- Often
- Sometimes
- Rarely
- Never
- Do not know/cannot recall

35. In the past **12 months**, did you directly ask a healthcare professional to prescribe you antibiotics because you had COVID-19?

- Yes, I had COVID-19 and directly asked a healthcare professional to prescribe antibiotics
- No, I had COVID-19 but did not directly ask a healthcare professional to prescribe antibiotics
- No, I have not had COVID-19 in the past **12 months**
- Do not know/cannot recall

36. In the past **12 months**, did a healthcare professional prescribe you antibiotics?

- Yes
- No
- Do not know/cannot recall

37. In the past **12 months**, did a healthcare professional prescribe you antibiotics because you had COVID-19?

- Yes
- No
- I did not take antibiotics at all
- Do not know/cannot recall
- I have not had COVID-19 in the past **12 months**

38. In the past **12 months**, did you ever take leftover antibiotics previously prescribed to you or someone else by a healthcare professional?

- Yes, I took leftover antibiotics previously prescribed to me
- Yes, I took leftover antibiotics previously prescribed to someone else
- No, I did not take leftover antibiotics previously prescribed to me or someone else
- Do not know/cannot remember
- Not applicable/I was not sick during this time

39. In the past **12 months**, did you ever take leftover antibiotics previously prescribed to you or someone else by a healthcare professional because you had COVID-19?

- Yes, I took leftover antibiotics previously prescribed to me because I had COVID-19



- Yes, I took leftover antibiotics previously prescribed to someone else because I had COVID-19
- No, I did not take leftover antibiotics previously prescribed to me or someone else
- Do not know/cannot remember
- I did not test positive for COVID-19 in the past **12 months**

## BEHAVIOR [FOR FAMILY CAREGIVER]

**Programmer: Include one question per page.**

40. Think about the visits you had with a healthcare professional for your older adult family member who lives in a nursing home and who is under your care for a respiratory infection over the past **12 months**. During these visits, how often did you speak with your healthcare professional(s) about the following?

	Never	Rarely	Sometimes	Often	Always	Do not know/cannot recall	My family member did not have a respiratory infection that required antibiotics the past <b>12 months</b>
a. Whether or not antibiotics were needed to treat my family member's infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to make my family member feel better when they were sick, without taking antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The risks of taking antibiotics (e.g., antibiotic resistance, side effects) when my family member was sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The benefits of my family member taking antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

when they were sick.							
----------------------	--	--	--	--	--	--	--

**Programmer: If all responses to the above question are “My family member did not have a respiratory infection that may require an antibiotic in the past 12 months,” skip the rest of the questions in this section else proceed to the next question below.**

41. In the past **12 months**, how often have you expected—but not directly asked—a healthcare professional to prescribe your family member antibiotics?
- Always
  - Often
  - Sometimes
  - Rarely
  - Never
  - Do not know/cannot recall
42. In the past **12 months**, did you expect - but not directly ask for - a healthcare professional to prescribe antibiotics to your family member because they had COVID-19?
- Yes, my family member had COVID-19 and I expected the healthcare professional to prescribe antibiotics
  - No, my family member had COVID-19 but I did not expect the healthcare professional to prescribe antibiotics
  - No, my family member did not have COVID-19 in the past **12 months**
  - Do not know/cannot recall
43. In the past **12 months**, how often have you directly asked a healthcare professional to prescribe your family member antibiotics?
- Always
  - Often
  - Sometimes
  - Rarely
  - Never
  - Do not know/cannot recall
44. In the past **12 months**, did you directly ask a healthcare professional to prescribe your family member antibiotics because they had COVID-19?
- Yes, my family member had COVID-19 and I directly asked the healthcare professional to prescribe antibiotics
  - No, my family member had COVID-19 but I did not directly ask the healthcare professional to prescribe antibiotics
  - No, my family member did not have COVID-19 in the past **12 months**
  - Do not know/cannot recall

45. In the past **12 months**, did a healthcare professional prescribe your family member antibiotics?
- Yes
  - No
  - Do not know/cannot recall
46. In the past **12 months**, did a healthcare professional prescribe your family member antibiotics because they tested positive for COVID-19?
- Yes
  - No
  - Do not know/cannot recall
  - My family member did not test positive for COVID-19 in the past **12 months** **[Programmer: Lock response.]**
47. In the past **12 months** did your family member ever take leftover antibiotics previously prescribed to them or someone else by a healthcare professional?
- Yes, my family member took leftover antibiotics previously prescribed to them
  - Yes, my family member took leftover antibiotics previously prescribed to someone else
  - Do not know/cannot remember
  - Not applicable/My family member was not sick during this time
48. In the past **12 months** did your family member ever take leftover antibiotics previously prescribed to them or someone else by a healthcare professional because they had COVID-19?
- Yes, my family member took leftover antibiotics previously prescribed to them because they had COVID-19
  - Yes, my family member took leftover antibiotics previously prescribed to someone else because they had COVID-19
  - Do not know/cannot remember
  - My family member did not test positive for COVID-19 in the past **12 months**

## **SOURCES OF INFORMATION [ALL]**

---

49. To whom or where do you go to learn about appropriate antibiotic use? Select all that apply.
- My doctor/healthcare professional
  - Pharmacist
  - Health websites/Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.), please specify below:
  - Centers for Disease Control and Prevention (CDC) website
  - Health magazines (e.g., Women's Health, Men's Health, Prevention), please specify below:
  - Family members and/or friends
  - Newspapers, please specify below:
  - Television, please specify below:
  - Radio, please specify below:

- Social media (e.g., Facebook, Twitter, Instagram, LinkedIn, etc.), please specify below:
- Other, please specify below:
- I have not tried to learn about antibiotic use **[Programmer: Lock response.]**

50. If you need to get information about appropriate antibiotic use, where would you prefer to get it? Select all that apply.

- My doctor/healthcare professional
- Pharmacist
- Health websites/Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.), please specify below:
  - Centers for Disease Control and Prevention (CDC) website or materials
  - Health magazines (e.g., Women’s Health, Men’s Health, Prevention), please specify below:
  - Family members and/or friends
  - Other health groups/organizations (e.g., National Institutes of Health, American Cancer Society, etc.), please specify below:
  - Media (e.g., television, radio, newspapers, health magazines, etc.), please specify below:
  - Social media (e.g., Facebook, Twitter, Instagram, LinkedIn, etc.), please specify below:
  - Podcasts, please specify below:
  - Blogs, please specify below:
  - Other, please specify below:
- Do not know/unsure **[Programmer: Lock response.]**

51. Did you know that CDC’s *Be Antibiotics Aware* campaign has resources you can use to learn about antibiotic use?

- Yes
- No

**Programmer: If respondent selects “Yes” to the question above, proceed to the next question, else skip it.**

52. How did you learn about CDC’s *Be Antibiotics Aware* resources? Select all that apply.

- Fact sheets/handouts at my doctor/healthcare professional’s office
- Poster at my doctor/healthcare professional's office
- PSA (public service announcement) video at my doctor/healthcare professional's office
- Pharmacist
- Health websites/Health-related mobile apps (e.g., WebMD, Mayo Clinic, etc.), please specify below:
  - Centers for Disease Control and Prevention (CDC) website
  - Family members and/or friends
  - Social media (e.g., Facebook, Twitter, Instagram, LinkedIn, etc.), please specify below:
  - Other, please specify below:
- Do not know/cannot recall **[Programmer: Lock response.]**

## DEMOGRAPHIC CHARACTERISTICS [ALL]

---

Thank you. Now we would like to know more about you.

53. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

54. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

55. What is the highest degree you have received? Please select only one.

- Some high school
- High school graduate (or equivalent)
- Some college or technical school (1–4 years, no degree)
- Associate or technical degree
- Bachelor’s (4-year college) degree
- Master’s degree
- Professional or doctoral degree (MD, JD, PhD, etc.)
- Prefer not to answer

## CONSUMER INCENTIVE PAGE [ALL]

---

Before you go, a \$25 incentive through Venmo or PayPal, or a \$25 gift card will be sent to you as a token of our appreciation for your time. You should receive it within 7 business days.

\*Please choose your preferred method to receive your incentive and fill out the short form to receive your incentive or click “Exit” if you do not wish to receive incentive.

- Venmo **Programmer: Link this option to “Venmo page.”**
- PayPal **Programmer: Link this option to “PayPal page.”**
- Gift card by mail **Programmer: Link this option to “Gift card by mail page.”**
- Digital gift card **Programmer: Link this option to “Digital gift card page.”**
- Exit (I do not wish to receive incentive) **Programmer: Link this option to “End of Survey.”**

### Venmo Page

If you do not feel comfortable providing the information below, please contact Julie Overby at [j.o@tallgrassmarketresearch.com](mailto:j.o@tallgrassmarketresearch.com) or call 253-238-7787 or 360-942-8466.

First and Last Name:

Your Venmo username:

Your email associated with Venmo (optional but recommended):

Your phone number associated with Venmo (optional but recommended):

**Programmer: Link this page to “End of Survey.”**

### **PayPal Page**

If you do not feel comfortable providing the information below, please contact Julie Overby at [j.o@tallgrassmarketresearch.com](mailto:j.o@tallgrassmarketresearch.com) or call 253-238-7787 or 360-942-8466.

First and Last Name:

Your email associated with PayPal (optional but recommended):

Your phone number associated with PayPal (optional but recommended):

**Programmer: Link this page to “End of Survey.”**

### **Gift card by mail Page**

If you do not feel comfortable providing the information below, please contact Julie Overby at [j.o@tallgrassmarketresearch.com](mailto:j.o@tallgrassmarketresearch.com) or call 253-238-7787 or 360-942-8466.

First and Last Name:

\*Address Line 1:

Address Line 2:

\*Town/City:

\*State/Territory

\*ZIP/Postal Code:

Phone number (optional):

Email (optional):

**Programmer: Link this page to “End of Survey.”**

### **Digital gift card Page**

If you do not feel comfortable providing the information below, please contact Julie Overby at [j.o@tallgrassmarketresearch.com](mailto:j.o@tallgrassmarketresearch.com) or call 253-238-7787 or 360-942-8466.

First and Last Name:

\*Your email:

Your phone number:

**Programmer: Link this page to “End of Survey.”**