Creative Testing Experiment Questionnaire: Boosters

## Welcome

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

Most people take about 20 minutes to complete the survey.

As mentioned, this survey will show you public health educational material and then ask you some questions about it. The educational material will require you to listen and/or view the content—please make sure you have the volume of your device turned to a level that will allow you to hear the content clearly.

We also have some additional information available to you about this survey. Select the additional pages you would like to read below, if any. You will then be shown a privacy statement before proceeding with the survey.

[Checkbox] Frequently Asked Questions

[Checkbox] Contact Us

Thank you for your time and participation.

[Continue]

For question or concerns about this survey, visit: https://prodegesupport.zendesk.com/hc/en-us/requests/new?ticket\_form\_id=360001213252

**Privacy Advisory**

This survey does NOT collect or use personally identifiable information (PII) such as your name, date of birth, or contact information. Responding to this survey is voluntary. Your responses will be treated as confidential and will be maintained in a secure dataset. There is no penalty to you if you choose not to respond. However, we encourage you to answer all questions so that the data will be complete and will represent typical attitudes and beliefs of all Americans.

**Frequently Asked Questions (FAQ)**

Why is this study being conducted?

Why should I participate?

Do I have to answer all questions?

Can I save my answers and return to the survey later?

Will my answers be kept private?

Can I withdraw answers once I have started the survey?

What are the costs and benefits of participating?

How will my responses be used?

Will I see the results of the survey?

**Why is this study being conducted?**

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

**Why should I participate?**

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

**Do I have to answer all questions?**

* No, it is not necessary to answer every question. Your participation in this study is completely voluntary. This means that you are free to withdraw from this survey at any time or to skip any questions. There is no penalty to you if you choose not to respond.
* Some questions in this survey will ask about your personal experiences with COVID-19, which may be uncomfortable to answer. You have the right to skip these questions. Additionally, if you experience any distress taking this survey, you may contact the 1) SAMHSA Disaster Distress Helpline (1-800-985-5990) or the 2) Suicide Prevention Lifeline (1-800-273-8255), which both offer free 24/7 support services.
* At the bottom of your survey screen, you have one control button: Continue (>>). Use this button to navigate through the survey or skip questions.

**Will my answers be kept private?**

* Responses will remain private to the extent allowable by law. None of the information you provide will be used to contact you for or will be used in future research or distributed to another investigator for future studies. Survey responses will be aggregated (combined), and only group statistics will be reported. You will not be identified even if the results of this study are published.

**Can I withdraw answers once I have started the survey?**

* If you wish to withdraw your answers, please notify the survey helpdesk by visiting: https://prodegesupport.zendesk.com/hc/en-us/requests/new?ticket\_form\_id=360001213252.

**What are the costs and benefits of participating?**

* There is no cost to you for participating in this study.
* This study is for research purposes only. There is no direct benefit to you for taking part in this study. Any compensation you receive is a small token to thank you for participating, if you choose to do so.
* If you decide to participate and qualify for the study, you will receive $5.00 for completing the survey.

**How will my responses be used?**

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

**Will I see the results of the survey?**

* Results from this study might appear in professional journals or scientific conferences or might be submitted in a report to Congress. No individual participants will be identified or linked to the results. We will not disclose your identity in any report or presentation.

**Contact Us**

If you have questions or concerns about this survey, such as payment questions or technical issues you may experience, please visit https://prodegesupport.zendesk.com/hc/en-us/requests/new?ticket\_form\_id=360001213252.

An external institutional review board (IRB), which is an independent committee established to help protect the rights of research subjects, has approved this study. If you have any questions about your rights as a research subject, contact the IRB at:

By mail:

 BRANY IRB

 1981 Marcus Avenue, Suite 210

Lake Success, NY 11042

• Or call toll free: 516-318-6877

• Or by email: info@brany.com

• Or by visiting this website: www.branyirb.com/concerns-about-research.

Please reference the following number when contacting the Study Subject Adviser: [21-001-821].

**[TERMINATION LANGUAGE]**

We’re sorry, but you are not eligible for this study. There are many possible reasons why people are not eligible for this study. These reasons were decided earlier by the researchers. However, thank you for your interest in this study and for taking the time to answer our questions today.

## SECTION 1: DEMOGRAPHICS (SAMPLE BALANCING)

*[****PROGRAMMING NOTE: DISPLAY TEXT****] This first series of questions is for informational purposes and to determine if you are qualified to participate in this study.*

***Item #:*** *DEM2*

***Question Type:*** *Single Punch*

***Variable Name:*** *Sex*

***Variable Text****: What sex were you assigned at birth?*

***Variable Label****: Sex*

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

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *1* | *Male* |
| *2* | *Female* |

***Item #:*** *DEM5*

***Question Type****: Numeric Open End*

***Variable Name****: ZIP Code*

***Variable Text****: In what ZIP code do you live?*

***Variable Label****: ZIP*

***//PROGRAMMING NOTE: ONLY ALLOW FIVE DIGITS, CODE INTO STATE AND CENSUS REGIONS//***

|  |
| --- |
|  |

***Item #:*** *DEM6*

***Question Type****: Numeric Open End*

***Variable Name****: Age*

***Variable Text****: What is your age?*

***Variable Label****: Age*

***//PROGRAMMING NOTE: SET RANGE AS: 0–115, CONTINUE IF DEM3=18+, OTHERWISE DISPLAY TERMINATION LANGUAGE IMMEDIATELY AND TERMINATE//***

***//PROGRAMMING NOTE: HARD PROMPT: Please enter your age in years using numbers.//***

|  |
| --- |
|  |

***Item #:*** *DEM11*

***Question Type****: Single Punch*

***Variable Name****: Hispanic/Latino*

***Variable Text****: Are you of Hispanic, Latino, or Spanish origin?*

***Variable Label****: Hispanic/Latino Ethnicity*

***//PROGRAMMING NOTE: SKIP IF SCREENED\_SPANISH=1//***

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *1* | *Yes* |
| *2* | *No* |

***Item #:*** *DEM12*

***Question Type****: Multi Punch*

***Variable Name****: Race*

***Variable Text****: What is your race? Please select all that apply.*

***Variable Label****: Race*

|  |  |  |
| --- | --- | --- |
| ***Variable Name*** | ***Text*** | ***Variable Label*** |
| *RACE\_1* | *White* | *RACE\_1 White* |
| *RACE\_2* | *Black or African American* | *RACE\_2 Black or African American* |
| *RACE\_3* | *American Indian or Alaska Native* | *RACE\_3 American Indian or Alaska Native* |
| *RACE\_4* | *Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)* | *RACE\_4 Asian*  |
| *RACE\_5* | *Native Hawaiian or other Pacific Islander (e.g., Native Hawaiian Samoan, Chamorro, Tongan, Fijian, Marshallese)* | *RACE\_5 Native Hawaiian or other Pacific Islander* |

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *0* | *Yes (Selected)* |
| *1* | *No (Not selected)* |

***Item #:*** *DEM13*

***Question Type****: Single Punch*

***Variable Name****: Education*

***Variable Text****: What is the highest level of school you have completed?*

***Variable Label****: Education Completion*

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *1* | *8th grade or less* |
| *2* | *9th grade* |
| *3* | *10th grade* |
| *4* | *11th grade* |
| *5* | *12th grade—no diploma* |
| *6* | *High school diploma*  |
| *7* | *High school equivalent (GED)* |
| *8* | *Some college, no degree* |
| *9* | *Associate degree* |
| *10* | *Bachelor’s degree* |
| *11* | *Master’s degree* |
| *12* | *Professional or doctorate degree* |

***Item #:*** *DEM1*

***Question Type****: Multi Punch*

***Variable Name****: Employment Status*

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

***Variable Label****: Employment Status*

***//PROGRAMMING NOTE: Make DEM1\_4 and DEM1\_5 exclusive from one another. Also make all working and not working options exclusive from one another.***

|  |  |  |
| --- | --- | --- |
| ***Variable Name*** | ***Text*** | ***Variable Label*** |
| *DEM1\_1* | *Working – as a paid employee* | *DEM7\_1: Employee paid* |
| *DEM1\_2* | *Working – self-employed* | *DEM7\_2: Employee self* |
| *DEM1\_9* | *Working – part-time* | *DEM7\_9: Employee part\_time* |
| *DEM1\_10* | *Stay at home parent/guardian* | *DEM7\_10: Home parent* |
| *DEM1\_11* | *Student – not working* | *DEM7\_11: Student NW* |
| *DEM1\_12* | *Student – working part-time* | *DEM7\_12: Student PTW* |
| *DEM1\_3* | *Not working – on temporary layoff from a job* | *DEM7\_3: Temp unemployed* |
| *DEM1\_4* | *Not working – looking for work* | *DEM7\_4: Looking*  |
| *DEM1\_5* | *Not working – retired* | *DEM7\_5: Retired* |
| *DEM1\_6* | *Not working – disabled* | *DEM7\_6: Disabled* |
| *DEM1\_7* | *Not working – other [Specify]* | *DEM7\_7: Other* |
| *DEM1\_8* | *Other [Specify]* | *DEM7\_8: Other NS* |

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *0* | *Yes (Selected)* |
| *1* | *No (Not selected)* |

***Item #:*** *DEM14*

***Question Type****: Multi Punch*

***Variable Name****: Employment Type*

***Variable Text****: In the last five years, have you or a member of your immediate family worked in any of the following fields, companies, or organizations? Select all that apply.*

***Variable Label****: Employment Type*

***//PROGRAMMING NOTE: IF YES TO OPTIONS 1-4, DISPLAY TERMINATION LANGUAGE AND TERMINATE//***

|  |  |  |
| --- | --- | --- |
| ***Variable Name*** | ***Text*** | ***Variable Label*** |
| *DEM14\_1* | *Market or public opinion research* | *DEM8\_1: Marketing* |
| *DEM14\_2* | *An advertising, public relations, or marketing agency* | *DEM8\_2: Advertising* |
| *DEM14\_3* | *News, radio, TV, print, media* | *DEM8\_3: Media* |
| *DEM14\_4* | *For the U.S. Federal government* | *DEM8\_4: US Government* |
| *DEM14\_5* | *As a healthcare provider or medical professional (e.g., physician, nurse)* | *DEM8\_5: Health* |
| *DEM14\_6* | *At a healthcare company* | *DEM8\_6: Healthcare* |
| *DEM14\_7* | *None of these* | *DEM8\_7: None* |

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *0* | *Yes (Selected)* |
| *1* | *No (Not selected)* |

***Item #:*** *BEH0*

***Question type:*** *Single punch*

***Variable Name:*** *BEH0*

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

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

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

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *0* | *No* |
| *1* | *Yes*  |

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

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

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

***Item #:*** *BEH1*

***Question type:*** *Single punch*

***Variable Name:*** *BEH1*

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

***Variable Label:*** *BEH1: Vaccination behavior*

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

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *0* | *No, I have not received a COVID-19 vaccine* |
| *1* | *Yes, but I have only received one shot out of the two required shots*  |
| *2* | *Yes, I have received all of the required shots*  |

**Item #:** BSTR1\_Uptake\_2

**Question Type**:Single punch

**Variable Name:** BSTR1\_Uptake
**Variable Text:** U.S. health officials and medical experts now recommend COVID-19 vaccine booster shots. Have you received a COVID-19 vaccine booster shot?

**Variable Label:** BSTR1\_Uptake\_2: Booster uptake – April 2022 guidance
**//Ask if BEH1 = 2 //**

***//PROGRAMMING NOTE: DISPLAY TERMINATION LANGUAGE AT END OF SCREENER IF BSTR1\_Uptake\_2=1,2//***

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 0 | No, I have not received a booster shot. |
| 1 | Yes, I have received 1 booster shot. |
| 2 | Yes, I have received 2 booster shots. |
| -100 | Valid skip |

***Item #:*** *BEH5b*

***Question type:*** *Single punch*

***Variable Name:*** *BEH5b*

***Variable Text:*** *What is the likelihood that you will get a COVID-19 vaccine booster shot?*

***Variable Label:*** *BEH5b: Intention to get booster shot*

***//Ask only if BSTR1\_Uptake\_2=0//***

|  |  |
| --- | --- |
| ***Value*** | ***Value Label*** |
| *1* | *Very unlikely* |
| *2* | *Somewhat unlikely* |
| *3* | *Neither likely nor unlikely* |
| *4* | *Somewhat likely* |
| *5* | *Very likely* |
| *-100* | *Valid skip* |

***Item #:*** *BEH5c*

***Question type:*** *Single punch*

***Variable Name:*** *BEH5c*

***Variable Text:***  *You responded that you have not received a COVID-19 booster shot. Boosters are now available to you at no cost. How soon will you get the booster shot?*

***Variable Label:*** *BEH5c: Wait to get booster shot*

***//ASK BSTR1\_Uptake\_2=0//***

***//PROGRAMMING NOTE: DISPLAY TERMINATION LANGUAGE AT END OF SCREENER IF BEH5c=3//***

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

***END OF SCREENER: //Programming Note: If participants pass the above questions, show consent form here. If they do not pass, show termination language here.//***

**Item #:** BEH5d

**Question type:** Single punch

**Variable Name:** BEH5d

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

**Variable Label:** BEH5d: Length of booster shot wait

**//Ask if BEH5c = 2 (I will wait to get the booster shot for one or more reasons)//**

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

## SECTION 3: KNOWLEDGE

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

**Item #**: KNOW1

**Question Type:** Single Punch

**Variable Name**: KNOW1

**Variable Text.** Please indicate which of the following best represents your level of knowledge about COVID-19 boosters.

**Variable label:** KNOW1: Level of knowledge

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

**Item #**: KNOW2

**Question Type:** Open end

**Variable Name**: KNOW2

**Variable Text.** Reflecting on what you have seen, read, or heard about COVID-19 boosters, please list any/all benefits of the booster that you remember. Use one line for each benefit you remember. Use as many lines as you need.

**Variable label:** KNOW2: Pretest Unaided Benefits

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

|  |
| --- |
| **1.**  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7. |
| 8. |
| 9. |
| 10. |

## SECTION 4: BOOSTER MESSAGING

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

**CONDITIONS:**

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

[**PROGRAMMING NOTE: DISPLAY TEXT TO EACH PARTICIPANT.**] Now, you are going to see some of the public education materials, which may include information on the COVID-19 booster. Then, we will ask you some questions about what you viewed. The material will require you to listen and/or view the media content—please make sure you have the volume of your device turned to a level that will allow you to hear the content clearly.

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

**STIMULI VIEWING CONFIRMATION**

**Item #:** ADXX1

**Question type:** Single punch

**Variable Name:** ADXX1

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

**Variable Label:**ADXX1: Viewing confirmation

|  |  |
| --- | --- |
| **Value**  | **Value Label**  |
| 0 | No [**Go to DEMO and termINATE**] |
| 1 | Yes |
| -99  | Refused [**Go to DEMO and termINATE**] |

**Item #:** ADXX2

**Question type:** Single punch

**Variable Name:** ADXX2

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

**Variable Label:**ADXX2: Viewing confirmation

**//PROGRAMMING NOTE: SHOW ONLY IF CONDITION=1, 2, or 5 (VIDEO AD)//**

|  |  |
| --- | --- |
| **Value**  | **Value Label**  |
| 0 | No [**Go to DEMO and termINATE**] |
| 1 | Yes |
| -99  | Refused [**Go to DEMO and termINATE**] |

**Item #:** ADXX11

**Question type:** Single punch

**Variable Name:** ADXX11

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

**Variable Label:**ADXX1: Exposure

|  |  |
| --- | --- |
| **Value**  | **Value Label**  |
| 0 | No  |
| 1 | Yes  |
| 2 | Unsure |
| -99  | Refused  |

**Item #:** ADXX3

**Question type:** Open-end

**Variable Name:** ADXX3

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

**Variable Label:** ADXX3: OE comprehension

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

**Item #:** ADXX4

**Question type:** Single punch

**Variable Name:** ADXX4

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

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

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

**Item #:** ADXX5

**Question type:** Single punch

**Variable Name:** ADXX5

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

**Variable Label:**ADXX5: Complicated

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

**Item #:** ADXX6

**Question type:** Single punch

**Variable Name:** ADXX6

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

**Variable Label:**ADXX6: Believability

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

**Item #:** ADXX31

**Question type:** Single punch

**Variable Name:** ADXX31

**Variable Text:** Did you learn anything new from the ad?

**Variable Label:**ADXX31: Learn

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

**Item #:** ADXX31a

**Question type:** Open-end

**Variable Name:** ADXX31a

**Variable Text:** You said that you learned something new from the ad. Please describe what you learned. Be as specific as possible.

**Variable Label:** ADXX30a: Learned OE

**//PROGRAMMING NOTE: ONLY SHOW IF ADXX31=1//**

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

**Item #:** ADXX10

**Question type:** Single punch

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

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

**//PROGRAMMING NOTE: INSERT INTO ADXX10\_6 “get a covid-19 booster shot when it is available to me” if participant saw CONDITION 1,2,3,4. insert into adxx10\_6 “SAFELY SERVE AND STORE FOOD” if participant saw CONDITION 5.**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| ADXX10\_1 | This message grabbed my attention. | ADXX10\_1: Attention |
| ADXX10\_2 | This message is powerful. | ADXX10\_2: Powerful |
| ADXX10\_3 | This message is worth remembering. | ADXX10\_3: Remember |
| ADXX10\_4 | This message is informative. | ADXX10\_4: Informative |
| ADXX10\_5 | This message is meaningful to me. | ADXX10\_5: Meaningful |
| ADXX10\_6 | This message is convincing as a reason to [PIPE TEXT]. | ADXX10\_6: Convincing |
| ADXX10\_7 | The message provided information that I already know. | ADXX10\_7: Redundant |

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

**Item #:** ADXX10a

**Question type:** Open-end

**Variable Name:** ADXX10a

**Variable Text:** You **[PIPE IN ANSWER FROM ADXX10\_6]** that this ad was convincing as a reason to **[PIPE IN “GET A COVID-19 BOOSTER SHOT WHEN IT IS AVAILABLE TO ME” IF PARTICIPANT SAW CONDITION 1,2,3, OR 4. PIPE IN “SAFELY SERVE AND STORE FOOD” IF PARTICIPANT SAW CONDITION 5**].. Please describe the main reasons why you **[PIPE IN ANSWER FROM ADXX10\_6]** with this statement.

**Variable Label:** ADXX10a: Convincing

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

**Item #:** ADXX30

**Question type:** Single punch

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

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

|  |  |  |
| --- | --- | --- |
| ADXX30\_1 | I like the look of the ad.  | ADXX30\_1: Look |
| ADXX30\_2 | I like the feel of the ad.  | ADXX30\_2: Feel |

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

**Item #:** ADXXReal

**Question type:** Single punch

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

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

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| ADXXReal\_1 | This message is authentic. | ADXXReal\_1: Authentic |
| ADXXReal\_2 | This message is genuine. | ADXXReal\_2: Genuine |
| ADXXReal\_3 | This message is honest. | ADXXReal\_3: Honest |
| ADXXReal\_4 | This message is unbiased. | ADXXReal\_4: Unbiased |
| ADXXReal\_7 | This message is not realistic. | ADXXReal\_7: Realistic |

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

## SECTION 5: POST-TEST ATTITUDES AND INTENTIONS

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

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

**Item #: ADXX32**

**Question Type**:Single punch

**Variable Text**: How much do you agree or disagree with the following statements about COVID-19 vaccines and boosters?

**//PROGRAMMING NOTE: RANDOMIZE VARIABLES IN GRID//**

**//PROGRAMMING NOTE: ASK TO ALL GROUPS//**

|  |  |  |
| --- | --- | --- |
| **Variable Name**  | **Variable Text**  | **Variable Label**  |
| ADXX32\_1 | The need for COVID-19 booster shots indicates that vaccines do not work.  | ADXX32\_1: Vaccine proof |
| ADXX32\_2 | Protection from COVID-19 after vaccination can decrease over time.  | ADXX32\_2: Protection |
| ADXX32\_3 | Boosters can keep your COVID-19 vaccine effective longer.  | ADXX32\_3: Effective |
| ADXX32\_4 | Boosters can help protect you from new COVID-19 variants.  | ADXX32\_4: Variant protection |
| ADXX32\_5 | COVID-19 vaccines and boosters help protect from severe illness, hospitalization, and death from COVID-19.  | ADXX32\_5: Illness protection |
| ADXX32\_6 | Boosters are not needed because natural immunity is enough to protect against new COVID-19 variants. | ADXX32\_6: Natural immunity |
| ADXX32\_7 | Boosters can cause infertility. | ADXX32\_7: Infertility |
| ADXX32\_8 | Boosters will give me COVID-19. | ADXX32\_8: COVID |
| ADXX32\_9 | Sometimes people who got a vaccine and booster can still get COVID-19. | ADXX32\_9: Still get COVID |

|  |  |
| --- | --- |
| **Value**   | **Value Label**   |
| 1   | Strongly disagree   |
| 2  | Disagree  |
| 3  | Somewhat disagree   |
| 4   | Neither agree nor disagree    |
| 5  | Somewhat agree   |
| 6  | Agree  |
| 7  | Strongly agree   |
| 99   | I don’t know   |
| -99   | Refused   |

**Item #:** ADXX8

**Question type:** Grid

**Variable Text:** How likely are you to do each of the following?

**//PROGRAMMING NOTE: RANDOMIZE SUBITEMS//**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| ADXX 8\_1 | Look for more information about the COVID-19 booster shot | ADXX8\_1: More info |
| ADXX8\_2 | Get a COVID-19 booster shot at no cost when you are eligible | ADXX8\_2: Vaccine |
| ADXX8\_3 | Visit vaccines.gov to find a booster shot near you | ADXX8\_3: Website  |
| ADXX8\_4 | Talk to your doctor about the COVID-19 booster shot | ADXX8\_4: Doctor |
| ADXX8\_5 | Talk about the COVID-19 booster shot with those in your immediate social network (e.g., friends, family, colleagues) | ADXX8\_5: Friends |
| ADXX8\_6 | Share the information in the message with a friend or family member who wants to know more about COVID-19 boosters. | ADXX8\_6: Share |
| ADXX8\_7 | Visit cdc.gov/coronavirus to get vaccine facts | ADXX8\_7: CDC website |

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

**Item #:** BEH4a

**Question type:** Grid

**Variable Text:** You responded that you are **[PIPE IN ANSWER FROM ADXX8\_2 IF RESPONSE =1 OR 2]** to get a COVID-19 booster shot. For each of the following statements, is this a reason why you are **[PIPE IN ANSWER FROM ADXX8\_2 IF RESPONSE =1 OR 2]** to get a COVID-19 booster shot?Select yes or no for each item.

**//PROGRAMMING NOTE: Randomize order of subitems.//**

**//PROGRAMMING NOTE: ONLY ASK IF ADXX8\_2 = 1, 2.**

|  |  |  |
| --- | --- | --- |
| **Variable Name** | **Variable Text** | **Variable Label** |
| BEH4a\_3 | I want to know if the booster shot is effective first. | BEH4a\_3: Reasons for waiting - Confirm effectiveness |
| BEH4a\_5 | I want to talk to my doctor first.  | BEH4a\_5: Reasons for waiting - Talk to doctor first |
| BEH4a\_6 | I want to compare the effectiveness of the different booster shots. | BEH4a\_6: Reasons for waiting - Compare booster shots |
| BEH4a\_7 | I want to see if my friends and family get the booster shot.  | BEH4a\_7: Reasons for waiting - Friends/family |
| BEH4a\_8 | I want to see if others who get a booster shot first develop any problems. | BEH4a\_8: Reasons for waiting - Side effects |
| BEH4a\_9 | I want to make sure it is safe for people like me first. | BEH4a\_9: Reasons for waiting - Confirm safety |
| BEH4a\_12 | I already had COVID-19.  | BEH4a\_12: Reason for waiting - Had COVID |
| BEH4a\_13 | I want to wait until more is known about the long-term effects of the booster shots.  | BEH4a\_13: Reasons for waiting - Long-term effects |
| BEH4a\_14 | I am healthy and don’t think my body needs a COVID-19 booster shot.  | BEH4a\_14: Reasons for waiting - I am healthy |
| BEH4a\_15 | I want to wait to see if a COVID-19 booster shot will be mandatory for my work, school, or other activities.  | BEH4a\_15: Reasons for waiting - Mandatory |
| BEH4a\_16 | I want to wait until I have time to take off work/school.  | BEH4a\_16: Reasons for waiting - Time |
| BEH4a\_17 | I want to wait to see how effective the booster shot is against COVID-19 variants, such as the Omicron variant.  | BEH4a\_17: Reasons for waiting - Variants  |
| BEH4a\_18 | I don’t want to have to keep getting booster shots. | BEH4a\_18: Reasons for waiting - Booster shots  |
| BEH4a\_19 | I had a reaction or bad experience after the COVID-19 vaccine. | BEH4a\_19: Reasons for waiting – Bad reaction |
| BEH4a\_11 | Other [TEXTBOX] | BEH4a\_11: Reasons for waiting - Other |

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

## SECTION 6: FINAL DEMOS

[**PROGRAMMING NOTE: DISPLAY TEXT**] These final questions are about your background, which may be important when understanding your COVID-19 experience.

**Item #:** DEM7

**Question Type:** Open-End Numeric

**Variable Name:** DEM7

**Variable Text:** How many total people – adults and children – currently live in your household, including yourself? *Please enter a number.*

**Variable Label:** DEM7: Total number of people in household

|  |
| --- |
|  |

**Item #:** DEM8

**Question Type:** Open-End Numeric

**Variable Name:** DEM8

**Variable Text:** How many people under 18 years-old currently live in your household? *Please enter a number.*

**Variable Label:** DEM8: Number of minors living in household

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

|  |
| --- |
|  |

**Item #:** DEM16

**Question Type:** Single Punch

**Variable Name:** DEM16

**Variable Text:** In general, do you think of yourself as…? **Variable Label:** DEM16: Political\_View

**//Programming Note: For half of participants, show reverse order for answer options.//**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Extremely liberal  |
| 2 | Liberal |
| 3 | Slightly liberal |
| 4 | Moderate, middle of the road |
| 5 | Slightly conservative |
| 6 | Conservative |
| 7 | Extremely conservative |

**Item #:** DEM10

**Question Type:** Single Punch

**Variable Name:** DEM10

**Variable Text:** Last year, that is in 2021, what was your total household income from all sources, before taxes?

**Variable Label:** DEM10: Family income

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 1 | Less than $15,000 |
| 2 | $15,000 to $24,999 |
| 3 | $25,000 to $34,999 |
| 4 | $35,000 to $49,999 |
| 5 | $50,000 to $74,999 |
| 6 | $75,000 to $99,999 |
| 7 | $100,000 to $149,999 |
| 8 | $150,000 to $199,999 |
| 9 | $200,000 and over |
| -99 | Don’t know/Refused |

**Item #:** DEM4

**Question Type:** Single Punch

**Variable Name:** DEM4

**Variable Text:** Are you now covered by any form of health insurance or health plan? A health plan would include any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid. **Variable Label:** DEM4: Health insurance status

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 0 | No |
| 1 | Yes |
| 2 | Unsure |
| -99 | Refused |

**Item #:** DEM4b

**Question Type:** Single Punch

**Variable Name:** DEM4b

**Variable Text:** Which of the following is your main source of health insurance coverage? **Variable Label:** DEM4b: Insurance\_Type

**//Programming Note: Ask if DEM4 (Health Insurance) = 1 (Yes).//**

|  |  |
| --- | --- |
| **Value** | **Value Label** |
| 0 | A plan through your employer |
| 1 | A plan through your spouse's employer |
| 2 | A plan you purchased yourself directly from an insurance company  |
| 3 | Medicare or Medicaid |
| 6 | TRICARE or other military health care |
| 7 | VA (including those who have ever used or enrolled for VA health care) |
| 8 | Indian Health Service |
| -99 | Refused |
| -100 | Valid Skip |