NIS Adult COVID Module (NIS-ACM) Hard Copy Questionnaire

Q1/2025

Confidential Information

Information contained on this form which would permit identification of any individual or establishment will be held in strict confidence by NORC and CDC, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of CDC or its agent without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242.m)

ADLT INTRO

Thank you for your responses. [(If S_NUMB=1-9 or ZTUNDR18=1-9 or LF_UNDR18=1-9) and case did not do any of the 3 surveys, then FILL: "Your ["child's age does" / "children's ages do"] not qualify your household for the questions about childhood vaccinations."] We now have a few additional questions for you about vaccines to prevent respiratory diseases.

CONTINUE1

IF S3_INTRO, T_INTRO1, or LF_S3_IN NOT MISSING GO TO ADULT_TIME; ELSE GO TO AD_CONSENT

AD_CONSENT

Before we continue, I'd like you to know that taking part in this survey is voluntary. You may choose not to answer any questions you don't wish to answer or end the interview at any time with no impact on the benefits you may receive. We are required by Federal laws to develop and follow strict procedures to protect your information and use your answers only for statistical analyses. I can describe these laws if you wish. I'd like to continue now unless you have any questions.

CONTINUE1	GO TO ADULT_TIME
RESPONDENT ASKS FOR DESCRIPTION OF LAW2	—

ADULT_S3_LAW

The Public Health Service Act is Volume 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Immunization and Respiratory Diseases, the confidentiality of your responses is assured by Section 308d of this Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ:

The information you provide will be used for statistical purposes only. In accordance with Section 308d of the Public Health Service Act, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. Every employee who works on this survey, from the National Center for Immunization and Respiratory Diseases and its collaborating agency and contractor, NORC at the University of Chicago, and their agents and contractors who work on this survey has taken an oath to protect the confidentiality of your information. These employees are subject to disciplinary action, including fines and criminal charges that may result in imprisonment, if he or she willingly discloses ANY identifiable information about you or your household members. Additionally, in compliance with applicable federal law requiring the protection of federal computer networks from cybersecurity risks like hacking, internet attacks, and other security weaknesses, computer network experts working for, or on behalf, of the government, may intercept and review information sent through government networks for cyber threats if the information sent through the government network triggers a cyber threat indicator.

CONTINUE1

ADULT_TIM	E The remainder of the survey will take about 8 minutes.
	CONTINUE1
VAX1	In the past two years, have you received any type of vaccine that was not a COVID vaccine, such as seasonal flu, pneumonia, or a shingles vaccine?
	INTERVIEWER NOTE: IF RESPONDENT MENTIONS THEY GOT ANY TYPE OF VACCINE EXCEPT A COVID VACCINE IN THE PAST TWO YEARS, CODE AS YES
	YES
VAX_FLU	Since July 1, 2024, have you received a flu vaccination?
	YES
VAX_FLUM	During what month did you receive your flu vaccine, since July 1, 2024?
	INTERVIEWER INSTRUCTION: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED
	MONTH/[YEAR=FILL] DON'T KNOW
VAX_FLUC	That was [FILL MONTH] of [FILL YEAR], correct?
	YES1 NO
VAXFL_WK_	CHK IF VAX_FLUM= THE CURRENT MONTH GO TO FLVAX_WEEK; ELSE GO TO FLVAX_PL
FLVAX_WEE	K Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday", [FILL DATE WITH MOST RECENT SUNDAY'S DATE]?
	YES

FLVAX_PL

At what kind of place did you get your most recent flu vaccination?

INTERVIEWER NOTE: IF A RESPONDENT SYAS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE PROVIDED THIS OPTION.

READ RESPONSES AS NECESSARY. DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW: INTERVIEWER NOTE: DOCTOR'S OFFICE	
INCLUDES PRIVATE PROVIDER AND REFORMA PROVIDER]1	GO TO FLU REC
HEALTH DEPARTMENT	GO TO FLU_REC
CLINIC OR HEALTH CENTER	GO TO FLU REC
HOSPITAL4	GO TO FLU_REC
OTHER MEDICALLY-RELATED PLACE5	GO TO FLU_REC
MASS VACCINATION SITE6	GO TO FLU_REC
PHARMACY OR DRUG STORE7	GO TO FLU_REC
WORKPLACE8	GO TO FLU_REC
HIGH SCHOOL/COLLEGE/UNIVERSITY9	GO TO FLU_REC
OTHER NONMEDICALLY-RELATED PLACE10	GO TO FLU_REC
MALL OUTREACH [DISPLAY ONLY IF GUAM]11	GO TO FLU_REC
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]12	GO TO FLU_REC
DON'T KNOW77	GO TO FLU_REC
REFUSED	GO TO FLU_REC

FLU_INTENT How likely are you to get a flu vaccination between now and the end of June 2025?

Would you say you would definitely get the vaccine, probably get the vaccine, probably not get the vaccine, definitely not get the vaccine, or are not sure?

DEFINITELY GET A VACCINE	1
PROBABLY GET A VACCINE	2
PROBABLY NOT GET A VACCINE	3
DEFINITELY NOT GET A VACCINE	4
NOT SURE	5
DON'T KNOW	77
REFUSED	

FLU_REC Has a doctor, nurse, or other health professional recommended that you get a flu vaccine since July 1, 2024?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_RSV1 There is a vaccine that became available last fall, that is in the Fall of 2023, that helps prevent the respiratory virus called RSV. Have you received this RSV vaccine?

INTERVIEWER NOTE: THIS VACCINE IS ALSO KNOWN AS RSVPREF3 (AREXVY) OR RSVPREFF (ABRYSVO).

INTERVIEWER NOTE: IF RESPONDENT REPORTS MORE THAN 1 DOSE, REMIND THEM THAT THIS VACCINE IS A SINGLE DOSE PER LIFETIME

READ IF NECESSARY: RSV is a respiratory virus that can cause serious illness in infants and older adults.

YES	1	
NO	2	GO TO VAX RSV3
DON'T KNOW	77	GO TO VAX RSV3
REFUSED	99	GO TO VAX_RSV3

VAX RSV2 M/Y

During what month and year did you receive the RSV vaccine?

ENTER 77 / 7777 FOR DON'T KNOW ENTER 99 / 9999 FOR REFUSED

IT IS ACCEPTABLE TO ENTER 77/99 FOR ANY PART OF THE DATE. FOR EXAMPLE: 77/2023

IF MONTH REPORTED IS BEFORE 7/2023, DISPLAY: IF R SAYS SHOT WAS BEFORE JULY 2023, PROBE: An RSV vaccine was not available before July 2023. Were you in a clinical trial?]

INTERVIEWER NOTE: IF RESPONDENT REPORTS MORE THAN 1 VACCINE DATE, ASK FOR THE MOST RECENT

MONTH\[YEAR=FILL]	
DON'T KNOW	GO TO RSVAX_DK
REFUSED99	GO TO RSVAX_DK

VAXRV WK CHK

IF VAX_RSV2_M=THE CURRENT MONTH GO TO RSVAX_WEEK; ELSE GO TO RSVAX_PL

RSVAX WEEK

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"?

YES1	GO RSVAX_PL
NO2	GO RSVAX_PL
DON'T KNOW	GO RSVAX_PL
REFUSED99	GO RSVAX_PL

RSVAX_DK Did you receive an RSV vaccine since July 1, 2024, that is in the last [FILL: CURRENT MONTH-7] month(s)?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

RSVAX_PL At what kind of place did you get your RSV vaccination?

INTERVIEWER NOTE: IF A RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE PROVIDED THIS OPTION.

READ RESPONSES AS NECESSARY.

DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW: INTERVIEWER NOTE: DOCTOR'S OFFICE	
INCLUDES PRIVATE PROVIDER AND	
REFORMA PROVIDER]1	GO TO RSV_REC
HEALTH DEPARTMENT2	GO TO RSV_REC
CLINIC OR HEALTH CENTER3	GO TO RSV_REC
HOSPITAL4	GO TO RSV_REC
OTHER MEDICALLY-RELATED PLACE5	GO TO RSV_REC
MASS VACCINATION SITE6	GO TO RSV_REC
PHARMACY OR DRUG STORE7	GO TO RSV_REC
WORKPLACE8	GO TO RSV_REC
HIGH SCHOOL/COLLEGE/UNIVERSITY9	GO TO RSV_REC
OTHER NONMEDICALLY-RELATED PLACE10	GO TO RSV_REC
MALL OUTREACH [DISPLAY ONLY IF GUAM]11	GO TO RSV_REC
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]12	GO TO RSV_REC
DON'T KNOW77	GO TO RSV_REC
REFUSED99	GO TO RSV_REC

VAX_RSV3 How likely are you to get the RSV vaccine when you are eligible? Would you say you would definitely get the vaccine, probably get the vaccine, probably not get the vaccine, definitely not get the vaccine, or are not sure?

DEFINITELY GET A VACCINE	1
PROBABLY GET A VACCINE	2
PROBABLY NOT GET A VACCINE	3
DEFINITELY NOT GET A VACCINE	4
NOT SURE	5
DON'T KNOW	77
REFUSED	99

RSV_REC	Has a doctor, nurse, or other health professional recommended that you get an RSV vaccine since Fall 2023?	
	YES1	
	NO2	
	DON'T KNOW	
	REFUSED99	
VAX2	Have you received at least one dose of a COVID vaccine?	
	YES1	
	NO2	GO TO VAX6
	DON'T KNOW77	
	REFUSED	GO TO VAX6
VAX2A	Have you received a COVID vaccine after August 22, 2024?	
	YES1	
	NO2	
	DON'T KNOW77	
	REFUSED	GO TO VAX6
VAXCOV_D	How many doses of a COVID vaccine have you received since .	August 22, 2024?
	ONE1	
	TWO2	
	THREE	
	FOUR OR MORE4	
	DON'T KNOW	GO TO VAX6
	REFUSED	GO TO VAX6
VAXCOV_M	During what month did you receive your most recent COVID va	accine?
	ENTER 77 FOR DON'T KNOW	
	ENTER 99 FOR REFUSED	
	IF MONTH IS REPORTED BEFORE 8/24, DISPLAY: DATE 8/2024	MUST BE ON OR AFTER
	MONTH/[YEAR=FILL]	
	DON'T KNOW	GO TO VAX PL
	REFUSED	—
VAXCOV_C	That was [FILL MONTH] of [FILL YEAR], correct?	
	YES1	
	NO2	GO TO VAXCOV_M
VAXCV_WK	СНК	
	IF VAXCOV_M=THE CURRENT MONTH GO TO CVVAX_	WEEK · ELSE IF VAXCOV D
	IN (2,3,4) GO TO VAXCOV 2M; ELSE GO TO VAX PL	

CVVAX_WEEK

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"?

YES	1
NO	
DON'T KNOW	
REFUSED	99

IF VAXCOV D IN (2,3,4) GO TO VAXCOV 2M; ELSE GO TO VAX PL

VAXCOV_2M You received your most recent COVID vaccine in [FILL VAXCOV_M]. In what month did you get the vaccine before this [FILL VAXCOV_M] vaccine?

ENTER 77 FOR DON'T KNOW ENTER 99 FOR REFUSED

IF MONTH IS REPORTED BEFORE 8/24, DISPLAY: DATE MUST BE ON OR AFTER 8/2024

MONTH/[YEAR=FILL]	
DON'T KNOW	GO TO VAX_PL
REFUSED	GO TO VAX PL

VAXCOV 2C That was [FILL MONTH] OF [YEAR], correct?

VAXCV WK CHK2

IF VAXCOV_2M/Y=THE CURRENT MONTH AND YEAR GO TO CVVAX_WEEK2; ELSE GO TO VAX_PL

CVVAX WEEK2

Was the vaccine received [IF CURRENT DAY IS SUNDAY, FILL: "today"; ELSE FILL: "on or after Sunday, [FILL DATE WITH MOST RECENT SUNDAY'S DATE]"?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX PL

INTERVIEWER NOTE: IF A RESPONDENT SAYS VACCINATION WAS RECEIVED AT A DRIVE-THRU/DRIVE-UP FACILITY, PROBE TO COLLECT WHICH TYPE OF PLACE PROVIDED THIS OPTION.

READ RESPONSES AS NECESSARY.

DOCTOR'S OFFICE [IF PUERTO RICO, THEN SHOW:	
INTERVIEWER NOTE: DOCTOR'S OFFICE	
INCLUDES PRIVATE PROVIDER AND	
REFORMA PROVIDER]1	GO TO VAX_CONF7A
HEALTH DEPARTMENT2	GO TO VAX_CONF7A
CLINIC OR HEALTH CENTER3	GO TO VAX_CONF7A
HOSPITAL4	GO TO VAX_CONF7A
OTHER MEDICALLY-RELATED PLACE5	GO TO VAX_CONF7A
MASS VACCINATION SITE6	GO TO VAX_CONF7A
PHARMACY OR DRUG STORE7	GO TO VAX_CONF7A
WORKPLACE8	GO TO VAX_CONF7A
HIGH SCHOOL/COLLEGE/UNIVERSITY9	GO TO VAX_CONF7A
OTHER NONMEDICALLY-RELATED PLACE10	GO TO VAX_CONF7A
MALL OUTREACH [DISPLAY ONLY IF GUAM]11	GO TO VAX_CONF7A
VILLAGE OUTREACH [DISPLAY ONLY IF GUAM]12	GO TO VAX_CONF7A
DON'T KNOW	GO TO VAX_CONF7A
REFUSED99	GO TO VAX_CONF7A

VAX6 How likely are you to get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] COVID vaccine? Would you say you would definitely get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, probably get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, probably not get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, definitely not get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, or get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, or get [IF VAX2 EQ 1 then display: 'an updated'; ELSE display: 'a'] vaccine, or are not sure?

DEFINITELY GET A VACCINE	1
PROBABLY GET A VACCINE	2
PROBABLY NOT GET A VACCINE	3
DEFINITELY NOT GET A VACCINE	4
NOT SURE	5
DON'T KNOW	77
REFUSED	99

VAX CONF7A

Has a doctor, nurse, or other health professional recommended that you get a COVID vaccine since July 1, 2024?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

FLU_CONF2 How concerned are you about getting the flu? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?

NOT AT ALL CONCERNED	1
A LITTLE CONCERNED	2
MODERATELY CONCERNED	3
VERY CONCERNED	4
DON'T KNOW	77
REFUSED	99

FLU_CONF4 How safe do you think a flu vaccine is for you? Would you say not at all safe; somewhat safe; very safe; or completely safe?

NOT AT ALL SAFE	1
SOMEWHAT SAFE	2
VERY SAFE	3
COMPLETELY SAFE	4
DON'T KNOW	77
REFUSED	99

FLU_CONF5 How important do you think getting a flu vaccine is to protect yourself against the flu? Would you say it is not at all important, a little important, somewhat important, or very important?

NOT AT ALL IMPORTANT	1
A LITTLE IMPORTANT	2
SOMEWHAT IMPORTANT	3
VERY IMPORTANT	4
DON'T KNOW	77
REFUSED	99

RSV_CONF2 How concerned are you about getting RSV? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?

READ IF NECESSARY: RSV is a respiratory virus that can cause serious illness in infants and older adults.

NOT AT ALL CONCERNED	1
A LITTLE CONCERNED	2
MODERATELY CONCERNED	3
VERY CONCERNED	4
DON'T KNOW	77
REFUSED	99

RSV_CONF4 How safe do you think an RSV vaccine is for you? Would you say not at all safe; somewhat safe; very safe; or completely safe?

NOT AT ALL SAFE	1
SOMEWHAT SAFE	
VERY SAFE	3
COMPLETELY SAFE	4
DON'T KNOW	77
REFUSED	99

RSV_CONF5 How important do you think getting an RSV vaccine is to protect yourself against RSV? Would you say it is not at all important, a little important, somewhat important, or very important?

NOT AT ALL IMPORTANT	1
A LITTLE IMPORTANT	2
SOMEWHAT IMPORTANT	3
VERY IMPORTANT	4
DON'T KNOW	77
REFUSED	

VAX_CONF2 How concerned are you about getting COVID? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?

NOT AT ALL CONCERNED	1
A LITTLE CONCERNED	2
MODERATELY CONCERNED	3
VERY CONCERNED	4
DON'T KNOW	77
REFUSED	99

VAX_CONF4 How safe do you think a COVID vaccine is for you? Would you say not at all safe; somewhat safe; very safe; or completely safe?

NOT AT ALL SAFE	1
SOMEWHAT SAFE	2
VERY SAFE	3
COMPLETELY SAFE	4
DON'T KNOW	77
REFUSED	99

VAX_CONF5 How important do you think getting a COVID vaccine is to protect yourself against COVID? Would you say it is not at all important, a little important, somewhat important, or very important?

NOT AT ALL IMPORTANT	1
A LITTLE IMPORTANT	2
SOMEWHAT IMPORTANT	3
VERY IMPORTANT	4
DON'T KNOW	77
REFUSED	99

ACIP3A	Do you have a health condition that may put you at higher risk for getting very sick from
	respiratory diseases, such as the flu, RSV, or COVID?

YES1	
NO2	GO TO ACIP5
DON'T KNOW	GO TO ACIP5
REFUSED99	GO TO ACIP5

ACIP4 Can you please tell me what that is?

5 1

SELECT ALL THAT APPLY

CANCER1	
CHRONIC KIDNEY DISEASE2	
CHRONIC LUNG DISEASES	
(COPD [CHRONIC OBSTRUCTIVE PULMONARY	
DISEASE], ASTHMA [MODERATE TO SEVERE],	
INTERSTITIAL LUNG DISEASE,	
CYSTIC FIBROSIS,	
AND PULMONARY HYPERTENSION	
	GO TO ACIP5
DEMENTIA OR OTHER	
NEUROLOGICAL CONDITIONS4	GO TO ACIP5
DIABETES (TYPE 1 OR 2)5	IF ACIP4 IN (19) GO
	TO ACIP4_OTH
	THEN GO TO
	ACIP4DM
DOWN SYNDROME6	GO TO ACIP5
HEART CONDITIONS (SUCH AS	
HEART FAILURE, CORONARY ARTERY DISEASE,	
CARDIOMYOPATHIES OR HYPERTENSION)7	GO TO ACIP5
HIV INFECTION	GO TO ACIP5
IMMUNOCOMPROMISED STATE	-
(WEAKENED IMMUNE SYSTEM)9	GO TO ACIP5
LIVER DISEASE (CHRONIC LIVER DISEASE,	
SUCH AS ALCOHOL-RELATED LIVER DISEASE,	
NONALCOHOLIC FATTY LIVER DISEASE,	
AND CIRRHOSIS [SCARRING OF THE LIVER])	GO TO ACIP5
OVERWEIGHT (HIGH BMI)	GO TO ACIP5
PREGNANCY	GO TO ACIP5
SICKLE CELL DISEASE OR THALASSEMIA	00 10 Hell 5
(HEMOGLOBIN BLOOD DISORDER)	GO TO ACIP5
SMOKING (CURRENT OR FORMER)	GO TO ACIP5
SOLID ORGAN OR BLOOD STEM CELL	00 10 Acii 5
TRANSPLANT (INCLUDING DONE MARROW TRANSPLANT) 15	
BONE MARROW TRANSPLANT)	GO TO ACIP5
STROKE OR CEREBROVASCULAR DISEASE	GO TO ACIP5
SUBSTANCE USE DISORDERS (EX: ALCOHOL,	
OPIOID, OR COCAINE USE DISORDER)17	GO TO ACIP5
OLDER AGE	GO TO ACIP5
OTHER	
DON'T KNOW	GO TO ACIP5
REFUSED99	GO TO ACIP5
ENTER OTHER SPECIEV.	

ACIP4_OTH ENTER OTHER SPECIFY: _____

IF ACIP4 IN (5) GO TO ACIP4DM; ELSE GO TO ACIP5

ACIP4DM Do you use insulin to manage your diabetes?

READ IF NECESSARY: Insulin can be taken by shot or pump.

YES	
NO	
DON'T KNOW	77
REFUSED	99

ACIP5 Do you have serious difficulty seeing, hearing, walking, remembering, making decisions, or communicating?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX CONF11A

How difficult would it be for you to get a COVID vaccine? Would you say: not at all difficult, a little difficult, somewhat difficult, or very difficult?

NOT AT ALL DIFFICULT	1
A LITTLE DIFFICULT	2
SOMEWHAT DIFFICULT	3
VERY DIFFICULT	4
DON'T KNOW	77
REFUSED	99

IF VAX_CONF11A NE 1 GO TO VAX_CONF13; ELSE IF C5/TIS_C5 EQ 1 AND NIS/TEEN COMPLETE GO TO ACM_SEX1; ELSE GO TO ACM_AGE

VAX CONF13

Many things might make it difficult to get a COVID vaccine. Please tell me if anything I list makes it difficult for you.

CONTINUE1

VAX CONF13A

Getting an appointment online.

Has this made it difficult for you to get a COVID vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_CONF13D

Not knowing where to get a vaccine.

READ IF NECESSARY:

Has this made it difficult for you to get a COVID vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_CONF13E

Hard to get to vaccination sites.

READ IF NECESSARY: Has this made it difficult for you to get a COVID vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX CONF13F

Vaccination sites aren't open at convenient times.

READ IF NECESSARY: Has this made it difficult for you to get a COVID vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX CONF13G

Not knowing whether you were eligible for an updated vaccine or not.

READ IF NECESSARY:

Has this made it difficult for you to get a COVID vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

IF VAX2 IN (2,77,99) GO TO VAX_CONF13I; ELSE GO TO VAX_CONF13H

VAX_CONF13H

Having a reaction to a previous dose of the COVID vaccine.

READ IF NECESSARY:

Has this made it difficult for you to get a COVID vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

VAX_CONF13I

Cost, including any payments to the clinic, the cost of getting there, or the cost of taking time away from work.

READ IF NECESSARY: Has this made it difficult for you to get a COVID vaccine?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

IF C5/TIS_C5 EQ 1 AND NIS/TEEN COMPLETE GO TO ACM_SEX1; ELSE GO TO ACM_AGE

ACM_AGE What is your current age?

ENTER 999 FOR REFUSED

____Age

ACM_SEX1 What is your sex?

MALE1	
FEMALE	

ACM_Q93 What best describes your sexual orientation? Is it Heterosexual or straight; Lesbian or gay; Bisexual; or Something else?

HETEROSEXUAL/STRAIGHT	1
LESBIAN OR GAY	2
BISEXUAL	3
SOMETHING ELSE	4
DON'T KNOW	77
REFUSED	99

IF ACIP4 IN (12), GO TO ACM_BIRTH; ELSE IF (ACM_AGE <50, 777, 999) AND ACM_SEX EQ 2 GO TO ACM_PREG1; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP GO TO ACM_MEDEQ; ELSE GO TO ACM_HISP

ACM_PREG1 Are you currently pregnant?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

ACM_BIRTH

Do you have a child less than [MONTH-3]-months old?

READ IF NECESSARY: Was the child born since April of 2024?

YES1	
NO2	EXIT LOGIC
DON'T KNOW	
REFUSED	EXIT LOGIC

EXIT LOGIC:

IF ACIP4 NOT IN (12) AND ACM_PREG1 NE 1 THEN DO: IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO ACM_HISP; END; ELSE GO TO ACM_RSVC1

ACM BIRTH2

In what month was that child born?

ENTER MONTH (1-12) _____ GO TO ACM_RSVC1 DON'T KNOW......77 REFUSED......99

ACM BIRTHO

I understand that you may be uncomfortable, the only reason we need your child's birth month is to know which questions to ask.

Is that child less than [MONTH-9]-months old?

YES	1
NO	
DON'T KNOW	77
REFUSED	99

ACM_RSVC1 RSV is a respiratory virus that can cause serious illness in infants and older adults. Are you aware of the CDC recommendation for infants under the age of 8 months to get a shot to help protect against RSV?

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

IF ACM_PREG1 EQ 1 OR ACIP4 IN (12) AND ACM_BIRTH NE 1 GO TO ACM_NRSVP; ELSE GO TO ACM_NRSVC

ACM_NRSVC Has your baby received an RSV shot?

INTERVIEWER NOTE: THIS IS ALSO KNOWN AS BEYFORTUS (BAY-FOR-TIS) OR NIRSEVIMAB (NURS-EV-EH-MAB), OR A NEW MONOCLONAL ANTIBODY.

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

IF ACM_BIRTH2 GE 10 OR ACM_BIRTHO EQ 1 THEN GO TO ACM_NRSVP; ELSE GO TO ACM_RSVC3

ACM_NRSVP A person can get an RSV vaccine when they are pregnant to help protect the baby from RSV.

[IF VAX_RSV1 EQ 1 THEN DISPLAY 'You previously said you received an RSV vaccine. Did you receive'; ELSE [IF ACM_PREG1 NE 1 OR ACIP4 NOT IN (12)] THEN DISPLAY: 'Did you receive'; ELSE DISPLAY: 'Have you received'] an RSV vaccine while pregnant]?

YES1	EXIT LOGIC
NO2	EXIT LOGIC
DON'T KNOW	EXIT LOGIC
REFUSED	EXIT LOGIC

EXIT LOGIC IF RESPONSE EQ 1: IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO ACM_HISP

EXIT LOGIC IF RESPONSE = 2, 77, 99: IF ACM_NRSVC EQ 1 THEN DO: IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO ACM_HISP; END; ELSE GO TO ACM_RSVC3

ACM_RSVC3 How likely are you to get your baby a shot to help protect against RSV? Would you say you would definitely get it, probably get it, probably not get it, definitely not get, or are not sure?

DEFINITELY GET A SHOT	1
PROBABLY GET A SHOT	2
PROBABLY NOT GET A SHOT	3
DEFINITELY NOT GET A SHOT	4
NOT SURE	5
DON'T KNOW	77
REFUSED	99

IF C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ EQ 2 SKIP TO ACM_RACE_AAB; ELSE C5/TIS_C5/LF_C1Q02 EQ 1 AND NIS/TEEN/CIM COMPLETE AND C9/TIS_C9/Z_Q02BZ NE 2 SKIP TO ACM_MEDEQ; ELSE GO TO ACM_HISP

ACM HISP Are you of Hispanic or Latino origin?

YES	1	
NO	2	GO TO ACM RACE
DON'T KNOW	77	GO TO ACM RACE
REFUSED	99	GO TO ACM_RACE

ACM_HISP_Y Are you Mexican, Mexican-American, Chicano/a, Puerto Rican, Cuban, Central American, South American, (IF USVI THEN DISPLAY: (Dominican)), or of other Hispanic, Latino/a, or Spanish origin?

SELECT ALL THAT APPLY

CHINCANO/A1GO TO ACM_RACEPUERTO RICAN2GO TO ACM_RACECUBAN3GO TO ACM_RACECENTRAL AMERICAN4GO TO ACM_RACESOUTH AMERICAN4GO TO ACM_RACEOTHER HISPANIC, LATINO/A,5GO TO ACM_RACEOTHER HISPANIC, LATINO/A,10DOMINICAN [SHOW ONLY IF USVI]11GO TO ACM_RACEDON'T KNOW77GO TO ACM_RACEREFUSED99GO TO ACM_RACE	MEXICAN/MEXICANO, MEXICAN AMERICAN,	
CUBAN	CHINCANO/A1	GO TO ACM RACE
CENTRAL AMERICAN4GO TO ACM_RACESOUTH AMERICAN5GO TO ACM_RACEOTHER HISPANIC, LATINO/A,60 TO ACM_RACEOR SPANISH ORIGIN (SPECIFY)10DOMINICAN [SHOW ONLY IF USVI]11GO TO ACM_RACEDON'T KNOW77	PUERTO RICAN2	GO TO ACM RACE
SOUTH AMERICAN5GO TO ACM_RACEOTHER HISPANIC, LATINO/A,10OR SPANISH ORIGIN (SPECIFY)10DOMINICAN [SHOW ONLY IF USVI]11DON'T KNOW77GO TO ACM_RACE	CUBAN	GO TO ACM_RACE
OTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN (SPECIFY)10 DOMINICAN [SHOW ONLY IF USVI]11 DON'T KNOW		GO TO ACM_RACE
OR SPANISH ORIGIN (SPECIFY)10DOMINICAN [SHOW ONLY IF USVI]11DON'T KNOW77GO TO ACM_RACE	SOUTH AMERICAN5	GO TO ACM_RACE
DOMINICAN [SHOW ONLY IF USVI]11GO TO ACM_RACEDON'T KNOW77GO TO ACM_RACE	OTHER HISPANIC, LATINO/A,	
DON'T KNOW	OR SPANISH ORIGIN (SPECIFY)10	
	DOMINICAN [SHOW ONLY IF USVI]11	GO TO ACM RACE
REFUSEDGO TO ACM_RACE	DON'T KNOW77	GO TO ACM RACE
	REFUSED99	GO TO ACM_RACE

ACM_HISP_Y_O

ENTER OTHER SPECIFY: _____

ACM_RACE Now, I am going to read a list of categories. Please choose one or more of the following categories to describe your race. Are you White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian or other Pacific Islander?

SELECT ALL THAT APPLY

WHITE1BLACK OR AFRICAN AMERICAN2AMERICAN INDIAN3ALASKA NATIVE4ASIAN5	GO TO ACM_MEDEQ GO TO ACM_RACE_AAB GO TO ACM_MEDEQ GO TO ACM_MEDEQ IF GUAM THEN DO: GO TO ACM_RACEAAPI;
NATIVE HAWAIIAN6 PACIFIC ISLANDER7	ELSE IF NOT GUAM DO: GO TO ACM_RACE_AS GO TO ACM_MEDEQ IF GUAM THEN DO: GO TO ACM_RACEAAPI; ELSE IF NOT GUAM DO: GO TO
OTHER8	ACM_RACE_PI GO TO ACM RACE OS
DON'T KNOW	GO TO ACM_MEDEQ GO TO ACM_MEDEQ

ACM_RACE_OS

ENTER OTHER SPECIFY: _____

ACM_RACE_AS

Are you Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or other Asian?

READ IF NECESSARY: Please choose the one category that describes you best.

ASIAN INDIAN	1	GO TO ACM MEDEQ
CHINESE	2	GO TO ACM MEDEQ
FILIPINO	3	GO TO ACM MEDEQ
JAPANESE	4	GO TO ACM MEDEQ
KOREAN	5	GO TO ACM MEDEQ
VIETNAMESE	6	GO TO ACM MEDEQ
OTHER	7	
DON'T KNOW	77	GO TO ACM MEDEQ
REFUSED	99	GO TO ACM MEDEQ
		_

ACM RACE ASO

ENTER OTHER SPECIFY: _____

GO TO ACM_MEDEQ

ACM_RACE_PI

Are you Guamanian or Chamorro, Samoan, or other Pacific Islander?

READ IF NECESSARY: Please choose the one category that describes you best.

CHAMORRO/GUAMIAN1 SAMOAN2	_ `
OTHER	
DON'T KNOW77	GO TO ACM MEDEQ
REFUSED99	GO TO ACM_MEDEQ
	—

ACM_RACE_PIO

ENTER OTHER SPECIFY: _____

GO TO ACM_MEDEQ

ACM_RACEAAPI

Are you Chamorro, Filipino, Chuukese, Pohnpeian, Palauan, Yapese, Kosraean, Marshallese, Japanese, Korean, Chinese, Vietnamese, or Thai?

READ IF NECESSARY: Please choose the one category that describes you best.

CUAMODDO	1	CO TO ACM MEDEO
CHAMORRO		GO TO ACM_MEDEQ
FILIPINO	2	GO TO ACM_MEDEQ
CHUUKESE	3	GO TO ACM MEDEQ
POHNPEIAN	4	GO TO ACM MEDEQ
PALAUAN	5	GO TO ACM MEDEQ
YAPESE	6	GO TO ACM MEDEQ
KOSRAEAN	7	GO TO ACM MEDEQ
MARSHALLESE	8	GO TO ACM MEDEQ
JAPANESE	9	GO TO ACM MEDEQ
KOREAN	10	GO TO ACM MEDEQ
CHINESE	11	GO TO ACM MEDEQ
VIETNAMESE	12	GO TO ACM MEDEQ
ТНАІ	13	GO TO ACM MEDEQ
OTHER	14	_ `
DON'T KNOW	77	GO TO ACM MEDEQ
REFUSED		GO TO ACM MEDEQ
		_ `

ACMRACEAAPIO

ENTER OTHER SPECIFY:

GO TO ACM MEDEQ

ACM_RACE_AAB

[IF C5/TIS_C5/LF_C1Q02 EQ 1 and C9/TIS_C9/Z_Q02BZ EQ 2 THEN DISPLAY: "Previously, you indicated you were Black or African American." ELSE JUST DISPLAY:] Are you African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, or other?

READ IF NECESSARY: Please choose the one category that describes you best.

APDICAN AMEDICAN	1	
AFRICAN AMERICAN	I	GO TO ACM_MEDEQ
JAMAICAN	2	GO TO ACM_MEDEQ
HAITIAN	3	GO TO ACM_MEDEQ
NIGERIAN	4	GO TO ACM_MEDEQ
ETHIOPIAN	5	GO TO ACM_MEDEQ
SOMALI	6	GO TO ACM_MEDEQ
OTHER		
DON'T KNOW	77	GO TO ACM_MEDEQ
REFUSED		GO TO ACM_MEDEQ

ACM RACEAABO

ENTER OTHER SPECIFY:

ACM_MEDEQ

When seeking health care in the last 2 years, do you feel your experiences were worse than, the same as, or better than people of other races or ethnicities?

WORSE THAN OTHER RACES OR ETHNICITIES	1
THE SAME AS OTHER RACES OR ETHNICITIES	2
BETTER THAN OTHER RACES OR ETHNICITIES	3
DON'T KNOW	77
REFUSED	99

IF MOTHER WAS RESPONDENT IN NIS/TEEN/CIM SURVEY SKIP TO ACM_INSURE; ELSE GO TO ACM_EDUC

ACM_EDUC What is the highest grade or year of school you have completed?

8TH GRADE OR LESS1
9TH-12TH GRADE NO DIPLOMA2
HIGH SCHOOL GRADUATE OR GED COMPLETED3
COMPLETED A VOCATIONAL, TRADE, OR
BUSINESS SCHOOL PROGRAM4
SOME COLLEGE CREDIT BUT NO DEGREE5
ASSOCIATE DEGREE (AA, AS)6
BACHELOR'S DEGREE (BA, BS, AB)7
MASTER'S DEGREE (MA, MS, MSW, MBA8
DOCTORATE (PhD, EdD) or
PROFESSIONAL DEGREE (MD, DDS, DVM, JD)9
DON'T KNOW
REFUSED

ACM_INSURE

Do you have any kind of health care coverage? This includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

YES NO	
DON'T KNOW	
REFUSED	99

IF NIS/TEEN/CIM INCOME QUESTION ANSWERED, SKIP TO ACM_BORN; ELSE GO TO ACM_INCOME

ACM_INCOME

Please think about your total combined family income during (FILL LAST CALENDAR YEAR) for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you tell me that amount before taxes?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

GO TO ACM INC CONF

DON'T KNOW77	1
REFUSED99)

ACM_INC_RANG

We understand that people might not feel comfortable giving out their exact income. I would like to read you some income ranges, and let you select the category which best describes your total combined family income from all sources for all members of your household during (FILL LAST CALENDAR YEAR), before taxes?

READ LIST UNTIL R STOPS YOU AT THE CORRECT INCOME GROUP

Less than \$5,0001	
\$5,001-\$10,0002	
\$10,001-\$20,000	
\$20,001-\$40,0004	
\$40,001-\$60,0005	
\$60,001-\$75,000	
\$75,001-\$150,0007	
\$150,001 or more	
DON'T KNOW	/
REFUSED99)

IF NIS/TEEN/CIM SURVEY COMPLETE, SKIP TO ACM_BORN; ELSE IF USVI, GO TO ACM_ISLAND; IF GUAM, GO TO ACM_C19VIL; ELSE GO TO ACM_C19A

ACM_INC_CONF

Just to confirm that I entered the number correctly, the total combined <u>family</u> income was [FILL ACM_Q91]?

IF NIS/TEEN/CIM SURVEY COMPLETE,

ELSE IF USVI, GO TO ACM_ISLAND; ELSE IF GUAM, GO TO ACM_C19VIL; ELSE GO TO ACM_C19A GO TO

ACM INCOME

ACM INCOME

ACM INCOME

GO TO

GO TO

SKIP TO ACM BORN;

YES1
NO2
NO2
DON'T KNOW77
REFUSED99

ACM_ISLAND

On what island do you live?

SAINT CROIX	1	GO TO ACM BORN
SAINT THOMAS	2	GO TO ACM BORN
SAINT JOHN	3	GO TO ACM BORN
WATER ISLAND	4	GO TO ACM BORN
NOT IN USVI	5	GO TO ACM C19A
DON'T KNOW	77	GO TO ACM BORN
REFUSED	99	GO TO ACM_BORN
		—

ACM_C19VIL

In which village do you live?

AGANA HEIGHTS	1
AGAT	
ASAN	
BARRIGADA	
CHALAN PAGO	
DEDEDO	
HAGATNA/AGANA	
INARAJAN	
MAINA	
MAITE	
MANGILAO	
MERIZO	
MONGMONG	
ORDOT	
PITI	
SANTA RITA	
SINAJANA	
TALOFOFO	
TAMUNING-TUMON	-
ТОТО	
UMATAC	
YIGO	
YONA	
DON'T KNOW	· · · · · · · · · · · · · · ·
DO NOT LIVE IN GUAM	
REFUSED	

ACM C19A What is your zip code?

DON'T KNOW	77777
REFUSED	999999

IF A ZIP CODE IN LOOKUP TABLE GO TO ACM_C19_CONF; ELSE IF GUAM AND ACM_C19VIL NE 98, GO TO ACM_BORN; ELSE IF PUERTO RICO GO TO ACM_C19PR (DOES NOT GO THROUGH LOOKUP TABLE); ELSE IF ZIP CODE IN (77777, 99999) GO TO ACM_C19

ACM_C19 In what city, county and state do you live?

IF CITY OR COUNTY IS DON'T KNOW, ENTER "DK" IF CITY OR COUNTY IS REFUSED, ENTER "REF"

IF LOCATION IS OUT OF THE COUNTRY, SELECT 'FC - FOREIGN COUNTRY'

ACM_C19_C	ONF To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?	
	YES	GO TO ACM_BORN GO TO ACM_C19
ACM_C19_Z	IPC To confirm, I have your zip code as [FILL]. Is that correct?	
	YES1 NO2	GO TO ACM_BORN
	DON'T KNOW77 REFUSED99	GO TO ACM_BORN GO TO ACM_BORN
ACM_C19_N	EWZ What is your zip code?	
	ENTER ZIP CODE:	GO TO ACM_BORN
ACM_C19PR	In what city and state do you live?	
	IF RESPONDENT DOES NOT LIVE IN PUERTO RICO, SELECT N IN THE DROP DOWN MENU	OT IN PUERTO RICO
	[CITIES IN PUERTO RICO]	GO TO ACM_C19 GO TO ACM_BORN GO TO ACM_BORN
ACM_C19PR	_ST ENTER STATE:	
ACM_BORN	Were you born in the United States?	
	YES	
	IF ACM_BORN IN (1,77,99), THEN DO: IF NIS/TEEN/CIM SURVE TO ACM_LANG; ELSE GO TO ACM_LTNH	Y ANSWERED, SKIP
ACM_FCBOI	RN	
_	In which country were you born?	

IF NIS/TEEN/CIM SURVEY ANSWERED, SKIP TO ACM_LANG; ELSE IF ACM_AGE>=60 GO TO ACM_LTNH; ELSE GO TO ACM_C1

ENTER COUNTRY: _____

ACM LTNH Do you currently live in a nursing home?

YES	1
NO	
DON'T KNOW	77
REFUSED	99

ACM_C1 Now I have some questions about your entire household.

Including the adults and all the children, how many people live in this household?

ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

INTERVIEWER HELP TEXT: IF R LIVES IN A GROUP FACILITY, PROBE FOR NUMBER OF PEOPLE THAT LIVE IN THEIR DIRECT LIVING SPACE.

NUMBER OF PEOPLE:

ACM_LANG Do you speak a language other than English at home?

YES	1
NO	2
DON'T KNOW	
REFUSED	99

IF ACM_LANG IN (2,77,99), THEN DO: IF NIS/TEEN/CIM SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

ACM_HHLANG

What is this language?

SPANISH	1
MANDARIN	2
ARABIC	3
VIETNAMESE	4
RUSSIAN	5
PORTUGUESE	6
KOREAN	7
FRENCH	8
CANTONESE	9
HAITIAN CREOLE	10
NEPALI	11
OTHER	
DON'T KNOW	77
REFUSED	99

IF ACM_HHLANG IN (1,2,3,4,5,6,7,8,9,10,11,77,99) AND NIS/TEEN/CIM SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_LL

ACM_HHLANGO

ENTER OTHER SPECIFY:

IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K D16; ELSE GO TO ACM LL

ACM LL Do you have a landline telephone in your household?

INTERVIEWER NOTE, READ AS NECESSARY: Please do not include:

- Modem-only lines,
- Fax-only lines,
- Lines used just for home security systems,
- Beepers,
- Skype,
- Pagers, or
- Cell phones.

Please include Voice Over I.P. or VOIP numbers.

YES	1
NO	2
DON'T KNOW	77
REFUSED	99

K_D16 Those are all the questions I have. You may be re-contacted in the future to participate in related surveys. If you are contacted to participate in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the [IF GUAM, DISPLAY: "Department of Public Health and Social Services and the"] [IF PUERTO RICO, DISPLAY "Puerto Rico Department of Health and the"] Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you would like more information about the National Immunization Survey, please call 1-877-220-4805.

EXIT SURVEY