

NIS Adult COVID Module (NIS-ACM)
Hard Copy Questionnaire
Q2/2022

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 COVID-19 vaccinations.

CONTINUE.....1

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.

CONTINUE.....1 GO TO
ADULT_TIME
RESPONDENT ASKS FOR DESCRIPTION OF LAW.....2 GO TO
ADULT_S3_LAW

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.

CONTINUE.....1 GO TO ADULT_TIME

ADULT_TIME

The remainder of the survey will take about 8 minutes.

CONTINUE.....1 GO TO VAX1

VAX1

In the past two years, have you received any type of vaccine that was not a COVID-19 vaccine, such as seasonal flu, pneumonia, or a shingles vaccine?

INTERVIEWER NOTE: IF RESPONDENT MENTIONS THEY GOT ANY TYPE OF VACCINE EXCEPT A COVID-19 VACCINE IN THE PAST TWO YEARS, CODE AS YES

YES.....1 GO TO VAX_FLU

NO.....2 GO TO VAX2

DON'T KNOW.....77 GO TO VAX_FLU

REFUSED.....99 GO TO VAX_FLU

VAX_FLU

Since July 1, 2021, have you received a flu vaccination?

YES.....1 GO TO VAX2

NO.....2 GO TO VAX2

DON'T KNOW.....77 GO TO VAX2

REFUSED.....99 GO TO VAX2

VAX2

Have you received at least one dose of a COVID-19 vaccine?

YES.....1 GO TO VAX5

NO.....2 GO TO VAX6

DON'T KNOW.....77 GO TO VAX6

REFUSED.....99 GO TO VAX6

VAX5

Which brand of COVID-19 vaccine did you receive for your **first dose**?

PFIZER-BIONTECH/ COMIRNATY.....1 GO TO VAX3

MODERNA/SPIKEVAX.....2 GO TO VAX3

JOHNSON&JOHNSON/JANSSEN.....3 GO TO VAX3

ONE OF THE OTHER BRANDS THAT
REQUIRE 2 SHOTS BUT UNSURE OF NAME.....4 GO TO VAX3

OTHER.....5 GO TO VAX3

DON'T KNOW.....77 GO TO VAX3

REFUSED.....99 GO TO VAX3

VAX3

How many doses of a COVID-19 vaccine have you received?

INTERVIEWER NOTE: INCLUDE BOOSTERS IN TOTAL COUNT

ONE.....1 GO TO VAX4_M

TWO.....2 GO TO VAX4_M

THREE.....3 GO TO VAX4_M

FOUR.....4 GO TO VAX4_M

FIVE OR MORE.....5 GO TO VAX4_M

DON'T KNOW.....77 GO TO VAX6

REFUSED.....99 GO TO VAX6

VAX4_M During what month and year did you receive your first COVID-19 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: 77/2021

[IF MONTH REPORTED IS BEFORE 12/2020, DISPLAY: IF R SAYS SHOT WAS
BEFORE DECEMBER 2020, PROBE: 'A COVID vaccine was not available outside of
clinical trials before December 2020. Were you in a clinical trial?"]

MONTH/[YEAR=FILL].....
DON'T KNOW.....77 GO TO ACIP1
REFUSED.....99 GO TO ACIP1

IF VAX5=03 AND VAX3=02 or IF VAX3= 03, 04, 05 GO TO VAX4A_M; ELSE GO
TO ACIP1

VAX4A_M During what month and year did you receive your most recent COVID-19 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 THE DATE.
FOR EXAMPLE: 77/2021

[IF MONTH REPORTED IS BEFORE 12/2020, DISPLAY: IF R SAYS SHOT WAS
BEFORE DECEMBER 2020, PROBE: 'A COVID vaccine was not available outside of
clinical trials before December 2020. Were you in a clinical trial?"]

MONTH/[YEAR=FILL]..... GO TO ACIP1
DON'T KNOW.....77 GO TO ACIP1
REFUSED.....99 GO TO ACIP1

VAX6 How likely are you to get a COVID-19 vaccine? Would you say you would definitely get
a vaccine, probably get a vaccine, probably not get a vaccine, definitely not get a vaccine,
or are not sure?

DEFINITELY GET A VACCINE.....1 GO TO ACIP1
PROBABLY GET A VACCINE.....2 GO TO ACIP1
PROBABLY NOT GET A VACCINE.....3 GO TO ACIP1
DEFINITELY NOT GET A VACCINE.....4 GO TO ACIP1
NOT SURE.....5 GO TO ACIP1
DON'T KNOW.....77 GO TO ACIP1
REFUSED.....99 GO TO ACIP1

ACIP1 Are you a frontline or essential worker according to your state or region?

YES.....1 GO TO ACIP2
NO.....2 GO TO ACIP3
DON'T KNOW.....77 GO TO ACIP2
REFUSED.....4.....99 GO TO ACIP3

ACIP2

In what location or setting do you currently work?

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT KNOW WHAT LOCATION MEANS, SAY "FOR EXAMPLE, DO YOU WORK IN A HOSPITAL OR CORRECTIONAL FACILITY?"

HEALTHCARE

(e.g., hospital, doctor, dentist or mental health specialist office, outpatient facility, long-term care, home health care, pharmacy, medical laboratory).....1

GO TO ACIP3

SOCIAL SERVICE (e.g., child, youth, family, elderly, disability services).....2

GO TO ACIP3

PRESCHOOL OR DAYCARE.....3

GO TO ACIP3

K-12 SCHOOL.....4

GO TO ACIP3

OTHER SCHOOLS AND INSTRUCTIONAL SETTINGS

(e.g. college, university, professional, business, technical or trade school, driving school, test preparation, tutoring).....5

GO TO ACIP3

FIRST RESPONSE (e.g., police or fire protection, emergency relief services).....6

GO TO ACIP3

DEATH CARE (e.g., funeral home, crematory, cemetery).....7

GO TO ACIP3

CORRECTIONAL FACILITY (e.g., jail, prison, detention center, reformatory).....8

GO TO ACIP3

FOOD AND BEVERAGE STORE (e.g., grocery store, warehouse club, supercenters, convenience store, specialty food store, bakery).....9

GO TO ACIP3

AGRICULTURE, FORESTRY, FISHING, OR HUNTING.....10

GO TO ACIP3

FOOD MANUFACTURING FACILITY (e.g., meat-processing, produce packing, food or beverage manufacturing)11

GO TO ACIP3

NON-FOOD MANUFACTURING FACILITY (e.g. metals, equipment and machinery, electronics).....12

GO TO ACIP3

PUBLIC TRANSIT (e.g., bus, commuter rail, subway, school bus)....13

GO TO ACIP3

UNITED STATES POSTAL SERVICE.....14

GO TO ACIP3

OTHER.....15

GO TO

ACIP2_OTH

DON'T KNOW.....77

GO TO ACIP3

REFUSED.....99

GO TO ACIP3

ACIP2_OTH

PLEASE SPECIFY: _____

GO TO ACIP3

ACIP3

Do you have a health condition that may put you at higher risk for COVID-19?

YES.....1

GO TO ACIP4

NO.....2

GO TO ACIP5

DON'T KNOW.....77

GO TO ACIP5

REFUSED.....99

GO TO ACIP5

ACIP4

Can you please tell me what that is?

SELECT ALL THAT APPLY

CANCER.....1 GO TO ACIP5
CHRONIC KIDNEY DISEASE.....2 GO TO ACIP5
CHRONIC LUNG DISEASES
(COPD [CHRONIC OBSTRUCTIVE PULMONARY DISEASE],
ASTHMA [MODERATE TO SEVERE],
INTERSTITIAL LUNG DISEASE, CYSTIC FIBROSIS,
AND PULMONARY HYPERTENSION).....3 GO TO ACIP5
DEMENTIA OR OTHER NEUROLOGICAL CONDITIONS.....4 GO TO ACIP5
DIABETES (TYPE 1 OR 2).....5 GO TO ACIP5
DOWN SYNDROME.....6 GO TO ACIP5
HEART CONDITIONS (SUCH AS HEART FAILURE,
CORONARY ARTERY DISEASE, CARDIOMYOPATHIES OR
HYPERTENSION).....7 GO TO ACIP5
HIV INFECTION.....8 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]).....10 GO TO ACIP5
OVERWEIGHT (HIGH BMI).....11 GO TO ACIP5
PREGNANCY.....12 GO TO ACIP5
SICKLE CELL DISEASE OR THALASSEMIA
(HEMOGLOBIN BLOOD DISORDER).....13 GO TO ACIP5
SMOKING (CURRENT OR FORMER).....14 GO TO ACIP5
SOLID ORGAN OR BLOOD STEM CELL TRANSPLANT
(INCLUDING BONE MARROW TRANSPLANT).....15 GO TO ACIP5
STROKE OR CEREBROVASCULAR DISEASE.....16 GO TO ACIP5
SUBSTANCE USE DISORDERS (EX: ALCOHOL,
OPIOID, OR COCAINE USE DISORDER).....17 GO TO ACIP5
OTHER.....18 GO TO
ACIP4_OTH
DON'T KNOW.....77 GO TO ACIP5
REFUSED.....99 GO TO ACIP5

ACIP4_OTH PLEASE SPECIFY: _____

GO TO ACIP5

ACIP5

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

YES.....1 GO TO VAX_CONF1
NO.....2 GO TO VAX_CONF1
DON'T KNOW.....77 GO TO VAX_CONF1
REFUSED.....99 GO TO VAX_CONF1

VAX_CONF1 To your knowledge, have you ever had COVID-19?

IF R SAYS THEY MIGHT HAVE HAD COVID BUT WERE NOT TESTED, SAY:
"To the best of your knowledge, would you say 'yes' or 'no'?"

YES.....1 GO TO VAX_CONF2
NO.....2 GO TO VAX_CONF2
DON'T KNOW.....77 GO TO VAX_CONF2
REFUSED.....99 GO TO VAX_CONF2

VAX_CONF2 How concerned are you about getting COVID-19? Would you say you are: not at all concerned; a little concerned; moderately concerned; or very concerned?

NOT AT ALL CONCERNED.....1 GO TO VAX_CONF4
A LITTLE CONCERNED.....2 GO TO VAX_CONF4
MODERATELY CONCERNED.....3 GO TO VAX_CONF4
VERY CONCERNED.....4 GO TO VAX_CONF4
DON'T KNOW.....77 GO TO VAX_CONF4
REFUSED.....99 GO TO VAX_CONF4

VAX_CONF4 How safe do you think a COVID-19 vaccine is for you? Would you say not at all safe; somewhat safe; very safe; or completely safe?

NOT AT ALL SAFE.....1 GO TO VAX_CONF5
SOMEWHAT SAFE.....2 GO TO VAX_CONF5
VERY SAFE.....3 GO TO VAX_CONF5
COMPLETELY SAFE.....4 GO TO VAX_CONF5
DON'T KNOW.....77 GO TO VAX_CONF5
REFUSED.....99 GO TO VAX_CONF5

VAX_CONF5 How important do you think getting a COVID-19 vaccine is to protect yourself against COVID-19? Would you say it is not at all important, a little important, somewhat important, or very important?

NOT AT ALL IMPORTANT.....1 GO TO VAX_CONF6
A LITTLE IMPORTANT.....2 GO TO VAX_CONF6
SOMEWHAT IMPORTANT.....3 GO TO VAX_CONF6
VERY IMPORTANT.....4 GO TO VAX_CONF6
DON'T KNOW.....77 GO TO VAX_CONF6
REFUSED.....99 GO TO VAX_CONF6

VAX_CONF6 If you had to guess, about how many of your family and friends have received a COVID-19 vaccine? Would you say none; some; many; or almost all?

NONE.....1 GO TO VAX_CONF7A
SOME.....2 GO TO VAX_CONF7A
MANY.....3 GO TO VAX_CONF7A
ALMOST ALL.....4 GO TO VAX_CONF7A
DON'T KNOW.....77 GO TO VAX_CONF7A
REFUSED.....99 GO TO VAX_CONF7A

VAX_CONF7A

Has a doctor, nurse, or other health professional ever recommended that you get a COVID-19 vaccine?

| | | |
|-----------------|----|------------------|
| YES..... | 1 | GO TO VAX_CONF7B |
| NO..... | 2 | GO TO VAX_CONF7B |
| DON'T KNOW..... | 77 | GO TO VAX_CONF7B |
| REFUSED..... | 99 | GO TO VAX_CONF7B |

VAX_CONF7B

Does your work or school require you to get a COVID-19 vaccine?

| | | |
|--------------------------------|----|-----------------|
| YES..... | 1 | GO TO VAX_CONF3 |
| NO..... | 2 | GO TO VAX_CONF3 |
| UNEMPLOYED/NOT APPLICABLE..... | 3 | GO TO VAX_CONF3 |
| DON'T KNOW..... | 77 | GO TO VAX_CONF3 |
| REFUSED..... | 99 | GO TO VAX_CONF3 |

VAX_CONF3 How much do you agree with the following statement:

IF VAX2=2,77,99 THEN DISPLAY: "If I do not get a COVID-19 vaccine, I will regret it."; ELSE DISPLAY: "If I had not gotten a COVID-19 vaccine, I would have regretted it."

Would you say you: do not agree; somewhat agree; strongly agree; or very strongly agree?

| | | |
|--------------------------|----|------------------|
| DO NOT AGREE..... | 1 | GO TO VAX_CONF11 |
| SOMEWHAT AGREE..... | 2 | GO TO VAX_CONF11 |
| STRONGLY AGREE..... | 3 | GO TO VAX_CONF11 |
| VERY STRONGLY AGREE..... | 4 | GO TO VAX_CONF11 |
| DON'T KNOW..... | 77 | GO TO VAX_CONF11 |
| REFUSED..... | 99 | GO TO VAX_CONF11 |

VAX_CONF11

How difficult [IF VAX2=2,77,99 DISPLAY: "would it be for you"; ELSE DISPLAY "was it for you"] to get a COVID-19 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 | GO TO VAX_CONF13 |
| SOMEWHAT DIFFICULT | 3 | GO TO VAX_CONF13 |
| VERY DIFFICULT | 4 | GO TO VAX_CONF13 |
| DON'T KNOW..... | 77 | GO TO VAX_CONF13 |
| REFUSED..... | 99 | GO TO VAX_CONF13 |

IF (1) AND IF VAX2=2,77,99 OR (VAX3=1 AND VAX5 NE 3) GO TO VAX_CONF14; ELSE IF (1) GO TO VAX_CONF17

VAX_CONF13

Many things might make it difficult to get a COVID-19 vaccine. Please tell me if anything I list [IF VAX2=1 DISPLAY: "made"; IF VAX2=2,77,99 DISPLAY: "makes"] it difficult for you.

CONTINUE.....1 GO TO VAX_CONF13A

VAX_CONF13A

Getting an appointment online.

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES.....1 GO TO VAX_CONF13D
NO.....2 GO TO VAX_CONF13D
DON'T KNOW.....77 GO TO VAX_CONF13D
REFUSED.....99 GO TO VAX_CONF13D

VAX_CONF13D

Not knowing where to get vaccinated.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES.....1 GO TO VAX_CONF13E
NO.....2 GO TO VAX_CONF13E
DON'T KNOW.....77 GO TO VAX_CONF13E
REFUSED.....99 GO TO VAX_CONF13E

VAX_CONF13E

Hard to get to vaccination sites.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES.....1 GO TO VAX_CONF13F
NO.....2 GO TO VAX_CONF13F
DON'T KNOW.....77 GO TO VAX_CONF13F
REFUSED.....99 GO TO VAX_CONF13F

VAX_CONF13F

Vaccination sites aren't open at convenient times.

READ IF NECESSARY:

[IF VAX2=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX2=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 vaccine?

YES.....1
NO.....2
DON'T KNOW.....77
REFUSED.....99

IF VAX2=2,77,99 OR (VAX3=1 AND VAX5 NE 3) GO TO VAX_CONF14; ELSE GO TO VAX_CONF17

VAX_CONF14

How much do you agree with the following statement: I can get a COVID-19 vaccine if I want to.

Would you say you: do not agree; somewhat agree; strongly agree; or very strongly agree?

DO NOT AGREE.....1 GO TO VAX_CONF17
SOMEWHAT AGREE.....2 GO TO VAX_CONF17
STRONGLY AGREE.....3 GO TO VAX_CONF17
VERY STORNGLY AGREE.....4 GO TO VAX_CONF17
DON'T KNOW.....77 GO TO VAX_CONF17
REFUSED.....99 GO TO VAX_CONF17

VAX_CONF17

In the past month, how often have you tried to find information about COVID-19 vaccines? Would you say Never, Rarely, Sometimes, or Often.

NEVER.....1 GO TO VAX_CONF15
RARELY.....2 GO TO VAX_CONF15
SOMETIMES.....3 GO TO VAX_CONF15
OFTEN.....4 GO TO VAX_CONF15
DON'T KNOW.....77 GO TO VAX_CONF15
REFUSED.....99 GO TO VAX_CONF15

VAX_CONF15

In the past 7 days, how often have you worn a mask when going into indoor public spaces like restaurants, stores, or other businesses? Would you say Never, Rarely, Sometimes, Often, or Always.

| | | |
|---|----|------------------|
| NEVER..... | 1 | GO TO VAX_CONF16 |
| RARELY..... | 2 | GO TO VAX_CONF16 |
| SOMETIMES..... | 3 | GO TO VAX_CONF16 |
| OFTEN..... | 4 | GO TO VAX_CONF16 |
| ALWAYS..... | 5 | GO TO VAX_CONF16 |
| I DIDN'T GO TO STORES/NOT APPLICABLE..... | 6 | GO TO VAX_CONF16 |
| DON'T KNOW..... | 77 | GO TO VAX_CONF16 |
| REFUSED..... | 99 | GO TO VAX_CONF16 |

VAX_CONF16

Would you say your mental health is... excellent, very good, good, fair, or poor?

| | |
|-----------------|----|
| EXCELLENT..... | 1 |
| VERY GOOD..... | 2 |
| GOOD..... | 3 |
| FAIR..... | 4 |
| POOR..... | 5 |
| DON'T KNOW..... | 77 |
| REFUSED..... | 99 |

IF C5/TIS_C5=1 AND NIS/TEEN COMPLETE SKIP TO ACM_SEX; ELSE GO TO ACM_AGE

ACM_AGE What is your current age?

ENTER 999 FOR REFUSED

_____Age

GO TO ACM_SEX

ACM_SEX What is your sex; male or female?

| | | |
|-----------------|----|-----------------|
| MALE..... | 1 | GO TO ACM_TRANS |
| FEMALE..... | 2 | GO TO ACM_TRANS |
| DON'T KNOW..... | 77 | GO TO ACM_TRANS |
| REFUSED..... | 99 | GO TO ACM_TRANS |

ACM_TRANS This is a yes or no question: would you describe yourself as transgender or non-binary?

| | | |
|-----------------|----|---------------|
| YES..... | 1 | GO TO ACM_Q93 |
| NO..... | 2 | GO TO ACM_Q93 |
| DON'T KNOW..... | 77 | GO TO ACM_Q93 |
| REFUSED..... | 99 | GO TO ACM_Q93 |

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 = (12), GO TO ACM_HISP; IF ACM_AGE <50 AND ACM_SEX EQ 2, GO TO ACM_PREG; ELSE GO TO ACM_HISP

ACM_PREG Are you currently trying to get pregnant, pregnant, or breastfeeding?

TRYING TO GET PREGNANT.....1
 PREGNANT.....2
 BREASTFEEDING.....3
 NONE OF THE ABOVE.....4
 DON'T KNOW.....77
 REFUSED.....99

IF C5/TIS_C5/LF_C1Q02=1 AND NIS/TEEN/FLU COMPLETE AND C9/TIS_C9/Z_Q02BZ=2 SKIP TO ACM_RACE_AAB; ELSE IF MOTHER WAS RESPONDENT IN NIS/TEEN/FLU SURVEY 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 GO TO ACM_HISP_Y
 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 IAP=095 THEN DISPLAY: (Dominican)), or of other Hispanic, Latino/a, or Spanish origin?

SELECT ALL THAT APPLY

MEXICAN/MEXICANO, MEXICAN AMERICAN,
 CHINCANO/A.....1 GO TO ACM_RACE
 PUERTO RICAN.....2 GO TO ACM_RACE
 CUBAN.....3 GO TO ACM_RACE
 CENTRAL AMERICAN.....4 GO TO ACM_RACE
 SOUTH AMERICAN.....5 GO TO ACM_RACE
 OTHER HISPANIC, LATINO/A,
 OR SPANISH ORIGIN (SPECIFY).....10 GO TO ACM_HISP_Y_O
 DOMINICAN [SHOW ONLY IF IAP=095].....11 GO TO ACM_RACE
 DON'T KNOW.....77 GO TO ACM_RACE
 REFUSED.....99 GO TO ACM_RACE

ACM_HISP_Y_O

ENTER OTHER_____ GO TO ACM_RACE

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

WHITE.....1 GO TO ACM_MEDEQ
 BLACK OR AFRICAN AMERICAN.....2 GO TO ACM_RACE_AAB
 AMERICAN INDIAN.....3 GO TO ACM_MEDEQ
 ALASKA NATIVE.....4 GO TO ACM_MEDEQ
 ASIAN.....5
 NATIVE HAWAIIAN.....6 GO TO ACM_MEDEQ
 PACIFIC ISLANDER.....7
 OTHER.....8 GO TO ACM_RACE_OS
 DON'T KNOW.....77 GO TO ACM_MEDEQ
 REFUSED.....99 GO TO ACM_MEDEQ

IF IAP=105 THEN DO:

(5) GO TO ACM_RACEAAPI
 (7) GO TO ACM_RACEAAPI;
 ELSE IF IAP NE 105 DO:
 (5) GO TO ACM_RACE_AS
 (7) GO TO ACM_RACE_PI

ACM_RACE_OS

ENTER OTHER_____ GO TO ACM_MEDEQ

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 | GO TO ACM_RACE_ASO |
| DON'T KNOW..... | 77 | GO TO ACM_MEDEQ |
| REFUSED..... | 99 | GO TO ACM_MEDEQ |

ACM_RACE_ASO

ENTER OTHER _____ 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/GUAMIAN..... | 1 | GO TO ACM_MEDEQ |
| SAMOAN..... | 2 | GO TO ACM_MEDEQ |
| OTHER..... | 3 | GO TO ACM_RACE_PIO |
| DON'T KNOW..... | 77 | GO TO ACM_MEDEQ |
| REFUSED..... | 99 | GO TO ACM_MEDEQ |

ACM_RACE_PIO

ENTER OTHER _____ 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.

| | |
|-------------------|--------------------|
| CHAMORRO.....1 | 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 |
| THAI.....13 | GO TO ACM_MEDEQ |
| OTHER.....14 | GO TO ACMRACEAAPIO |
| DON'T KNOW.....77 | GO TO ACM_MEDEQ |
| REFUSED.....99 | GO TO ACM_MEDEQ |

ACMRACEAAPIO

ENTER OTHER_____ GO TO ACM_MEDEQ

ACM_RACE_AAB

[IF C5/TIS_C5/LF_C1Q02=01 and C9/TIS_C9/Z_Q02BZ=02 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.

| | |
|------------------------|--------------------|
| AFRICAN AMERICAN.....1 | 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.....7 | GO TO ACM_RACEAABO |
| DON'T KNOW.....77 | GO TO ACM_MEDEQ |
| REFUSED.....99 | GO TO ACM_MEDEQ |

ACM_RACEAABO

ENTER OTHER_____ GO TO ACM_MEDEQ

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/FLU 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 LESS.....1 GO TO ACM_INSURE
 9TH-12TH GRADE NO DIPLOMA.....2 GO TO ACM_INSURE
 HIGH SCHOOL GRADUATE OR GED COMPLETED.....3 GO TO ACM_INSURE
 COMPLETED A VOCATIONAL, TRADE, OR
 BUSINESS SCHOOL PROGRAM.....4 GO TO ACM_INSURE
 SOME COLLEGE CREDIT BUT NO DEGREE.....5 GO TO ACM_INSURE
 ASSOCIATE DEGREE (AA, AS).....6 GO TO ACM_INSURE
 BACHELOR'S DEGREE (BA, BS, AB).....7 GO TO ACM_INSURE
 MASTER'S DEGREE (MA, MS, MSW, MBA).....8 GO TO ACM_INSURE
 DOCTORATE (PhD, EdD) or
 PROFESSIONAL DEGREE (MD, DDS, DVM, JD).....9 GO TO ACM_INSURE
 DON'T KNOW.....77 GO TO ACM_INSURE
 REFUSED.....99 GO TO ACM_INSURE

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.....1
 NO.....2
 DON'T KNOW.....77
 REFUSED.....99

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

ACM_INCOME

Please think about your total combined family income during 2021 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 KNOW.....77 | GO TO ACM_INC_RANG |
| REFUSED.....99 | GO TO ACM_INC_RANG |

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 2021, before taxes?

READ LIST UNTIL R STOPS YOU AT THE CORRECT INCOME GROUP

| | |
|-------------------------|----|
| Less than \$5,000..... | 1 |
| \$5,001-\$10,000..... | 2 |
| \$10,001-\$20,000..... | 3 |
| \$20,001-\$40,000..... | 4 |
| \$40,001-\$60,000..... | 5 |
| \$60,001-\$75,000..... | 6 |
| \$75,001-\$150,000..... | 7 |
| \$150,001 or more..... | 8 |
| DON'T KNOW..... | 77 |
| REFUSED..... | 99 |

IF NIS/TEEN/FLU SURVEY COMPLETE; SKIP TO ACM_BORN; ELSE IF
P_REGION=95, GO TO ACM_ISLAND; IF P_REGION=105, GO TO
ACM_C19VIL; ELSE GO TO ACM_C19A

ACM_INC_CONF

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

| | | |
|-----------------|----|------------------|
| YES..... | 1 | |
| NO..... | 2 | GO TO ACM_INCOME |
| DON'T KNOW..... | 77 | GO TO ACM_INCOME |
| REFUSED..... | 99 | GO TO ACM_INCOME |

IF NIS/TEEN/FLU SURVEY COMPLETE; SKIP TO ACM_BORN; ELSE IF
P_REGION=95, GO TO ACM_ISLAND; IF P_REGION=105, GO TO ACM_C19VIL;
ELSE GO TO ACM_C19A

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 | GO TO ACM_C19A |
| AGAT..... | 2 | GO TO ACM_C19A |
| ASAN..... | 3 | GO TO ACM_C19A |
| BARRIGADA..... | 4 | GO TO ACM_C19A |
| CHALAN PAGO..... | 5 | GO TO ACM_C19A |
| DEDEDO..... | 6 | GO TO ACM_C19A |
| HAGATNA/AGANA..... | 7 | GO TO ACM_C19A |
| INARAJAN..... | 8 | GO TO ACM_C19A |
| MAINA..... | 9 | GO TO ACM_C19A |
| MAITE..... | 10 | GO TO ACM_C19A |
| MANGILAO..... | 11 | GO TO ACM_C19A |
| MERIZO..... | 12 | GO TO ACM_C19A |
| MONGMONG..... | 13 | GO TO ACM_C19A |
| ORDOT..... | 14 | GO TO ACM_C19A |
| PITI..... | 15 | GO TO ACM_C19A |
| SANTA RITA..... | 16 | GO TO ACM_C19A |
| SINAJANA..... | 17 | GO TO ACM_C19A |
| TALOFOFO..... | 18 | GO TO ACM_C19A |
| TAMUNING-TUMON..... | 19 | GO TO ACM_C19A |
| TOTO..... | 20 | GO TO ACM_C19A |
| UMATAC..... | 21 | GO TO ACM_C19A |
| YIGO..... | 22 | GO TO ACM_C19A |
| YONA..... | 23 | GO TO ACM_C19A |
| DON'T KNOW..... | 77 | GO TO ACM_C19A |
| DO NOT LIVE IN GUAM..... | 98 | GO TO ACM_C19A |
| REFUSED..... | 99 | GO TO ACM_C19A |

ACM_C19A What is your zip code?

IF IAP=105, AND ACM_C19VIL NE
98, GO TO ACM_BORN, ELSE IF
IAP=106 GO TO ACM_C19PR (DOES
NOT GO THROUGH LOOKUP
TABLE)

DON'T KNOW.....77777 IF ACM_C19A= 77777 or 99999
or ZIP Code not in the LOOK-UP table
GO TO ACM_C19/ ELSE GO TO
ACM_C19_CONF.

REFUSED.....99999 IF ACM_C19A= 77777 or 99999
or ZIP Code not in the LOOK-UP table
GO TO ACM_C19 / ELSE GO TO
ACM_C19_CONF.

ELSE IF a proper zip code entered, then Fill CITY, COUNTY AND STATE from the
look-up table.

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'

GO TO ACM_C19_CONF

ACM_C19_CONF

To confirm, you live in [CITY], [COUNTY], [STATE]. Is that correct?

YES.....1 GO TO ACM_BORN
NO.....2 GO TO ACM_C19

ACM_C19_ZIPC

To confirm, I have your zip code as [FILL]. Is that correct?

YES.....1 GO TO ACM_BORN
NO.....2 GO TO ACM_C19_NEWZ
DON'T KNOW.....77 GO TO ACM_BORN
REFUSED.....99 GO TO ACM_BORN

ACM_C19_NEWZ

What is your 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 NOT IN PUERTO RICO IN THE DROP DOWN MENU

| | | |
|------------------------------|------|--------------------|
| [CITIES IN PUERTO RICO]..... | 1-78 | GO TO ACM_C19PR_ST |
| NOT IN PUERTO RICO..... | 98 | GO TO ACM_C19 |
| DON'T KNOW..... | 88 | GO TO ACM_BORN |
| REFUSED..... | 99 | GO TO ACM_BORN |

ACM_C19PR_ST

ENTER STATE _____ GO TO ACM_BORN

ACM_BORN Were you born in the United States?

| | |
|-----------------|----|
| YES..... | 1 |
| NO..... | 2 |
| DON'T KNOW..... | 77 |
| REFUSED..... | 99 |

IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO K_D16; ELSE GO TO ACM_C1

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

NUMBER OF PEOPLE _____ GO TO ACM_LL

ACM_LL Do you have 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 | GO TO K_D16 |
| NO..... | 2 | GO TO K_D16 |
| DON'T KNOW..... | 77 | GO TO K_D16 |
| REFUSED..... | 99 | GO TO K_D16 |

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 in future surveys, you have the right to refuse. I'd like to thank you again on behalf of the [IF IAP=105, DISPLAY: "Department of Public Health and Social Services and the"] [IF IAP=106, 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. If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board at 1-866-309-0542.

DO NOT ESC OR QUIT TO THE UE FROM THIS SCREEN! ONLY PRESS ENTER TO FINISH THE CASE.

THE CASE WILL TERMINATE AFTER THIS SCREEN. IF THERE IS A PROBLEM, READ THE EXIT SCRIPT TO THE RESPONDENT, THEN RAISE YOUR HAND FOR HELP BEFORE CONTINUING