

NIS Adult COVID Module (NIS-ACM)
Hard Copy Questionnaire
Q2/2023

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

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

ADULT_TIME

The remainder of the survey will take about 8 minutes.

CONTINUE.....1

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

NO.....2

DON'T KNOW.....77

REFUSED.....99

IF FLUONOFF=OFF GO TO VAX2; ELSE IF FLUONOFF=ON AND VAX1=1,77,99 GO TO VAX_FLU; ELSE GO TO VAX2

VAX_FLU

Since July 1, 2023, have you received a flu vaccination?

YES.....1

NO.....2

DON'T KNOW.....77

REFUSED.....99

VAX2

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

YES.....1

NO.....2

DON'T KNOW.....77

REFUSED.....99

GO TO VAX6

GO TO VAX6

GO TO VAX6

VAX3

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

INTERVIEWER NOTE: INCLUDE BOOSTERS IN TOTAL COUNT

ONE.....1

TWO.....2

THREE.....3

FOUR.....4

FIVE.....5

SIX OR MORE.....6

DON'T KNOW.....77

REFUSED.....99

GO TO VAX9

GO TO VAX9

GO TO VAX9

GO TO VAX9

GO TO VAX4A_M

GO TO VAX4A_M

VAX3F Have you had 3 or more doses of the COVID-19 vaccine?

YES.....1 GO TO VAX4A_M
 NO.....2
 DON'T KNOW.....77 GO TO VAX4A_M
 REFUSED.....99 GO TO VAX4A_M

VAX9 Was the brand of your first vaccine dose JOHNSON&JOHNSON/JANSSEN

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

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 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=FULL].....
 DON'T KNOW.....77
 REFUSED.....99

IF VAX4A_M IN (77,99) AND VAX4A_Y >2021 GO TO VAX8; ELSE IF YEAR IN
 (7777,9999) GO TO VAX8; ELSE IF MONTH/YEAR EQ 4/2023 GO TO VAX8; ELSE
 GO TO VAX6

VAX8 [IF (VAX4A_M/Y IN (4/2023, 77/2023, 99/2023) OR (IF VAX3 IN (1,2) AND VAX9
 NE 1 AND VAX4A_Y EQ 2023) OR (IF VAX3 IN (77,99) AND VAX3F IN (2,77,99)
 AND VAX9 NE 1 AND VAX4A_M/Y IN (4/2023, 77/2023, 99/2023)) OR IF
 (VAX4A_M/Y IN (7777,9999) AND (VAX3 IN (1,2) OR VAX3F IN (2,77,99))) THEN
 DISPLAY: "Have you received a COVID-19 vaccine since April 19, 2023?" ELSE
 DISPLAY: "Have you received a COVID-19 vaccine since September 1, 2022?"]

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

VAX6 How likely are you to get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] COVID-19 vaccine? Would you say you would definitely get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] vaccine, probably get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] vaccine, probably not get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] vaccine, definitely not get [IF VAX2 EQ 1 then display: another'; ELSE display: 'a'] vaccine, or are not sure?

INTERVIEWER NOTE: THIS IS IN REFERENCE TO ANY FURTHER VACCINE DOSES THAT MIGHT BE RECOMMENDED IN ADDITION TO THE BOOSTER(S)/UPDATED VACCINE THEY HAVE ALREADY RECEIVED.

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

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

YES.....1
 NO.....2 GO TO ACIP3
 DON'T KNOW.....77
 REFUSED.....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, food services, food delivery, food distribution).....	9	GO TO ACIP3
AGRICULTURE (e.g. farmer, farmworker),		
FORESTRY (e.g. logging), 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	
DON'T KNOW.....	77	GO TO ACIP3
REFUSED.....	99	GO TO ACIP3

ACIP2_OTH ENTER OTHER SPECIFY: _____

ACIP3

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

YES.....	1	
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
OLDER AGE.....18 GO TO ACIP5
OTHER.....19
DON'T KNOW.....77 GO TO ACIP5
REFUSED.....99 GO TO ACIP5

ACIP4_OTH ENTER OTHER SPECIFY: _____

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_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	IF VAX2=1 GO TO VAX_CONF1A; ELSE
		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_CONF1A

Did you get COVID-19 before you were vaccinated?

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

VAX_CONF2 How concerned are you about getting COVID-19 [IF VAX_CONF1=1, display 'again']?
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-19 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-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
A LITTLE IMPORTANT.....	2
SOMEWHAT IMPORTANT.....	3
VERY IMPORTANT.....	4
DON'T KNOW.....	77
REFUSED.....	99

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
 SOME.....2
 MANY.....3
 ALMOST ALL.....4
 DON'T KNOW.....77
 REFUSED.....99

VAX_CONF7A

[IF VAX2 IN (2,77,99) DISPLAY: Has a doctor, nurse, or other health professional ever recommended that you get a COVID-19 vaccine?; ELSE DISPLAY: Did you receive a recommendation from a doctor, nurse, or other health professional before you got your most recent dose?]

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

VAX_CONFPRI

Do you have a regular physician or provider for primary care?

INTERVIEWER HELP TEXT: HEALTH PROFESSIONAL THAT THE R SEES ON A YEARLY BASIS

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

VAX_CONFPRIY

Have you visited this physician or provider in the past six months?

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

VAX_CONF7B

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

YES.....1
 NO.....2
 UNEMPLOYED/NOT APPLICABLE.....3
 DON'T KNOW.....77
 REFUSED.....99

VAX_CONF11A

How difficult [IF VAX2=2,77,99 DISPLAY: "would it be for you to get a COVID-19 vaccine"]; ELSE DISPLAY "was it for you to get your **most recent** COVID-19 vaccine dose? Would you say: not at all difficult, a little difficult, somewhat difficult, or very difficult?

NOT AT ALL DIFFICULT.....1
A LITTLE DIFFICULT2
SOMEWHAT DIFFICULT3
VERY DIFFICULT4
DON'T KNOW.....77
REFUSED.....99

IF VAX_CONF11A NE 01 GO TO VAX_CONF13; ELSE IF C5/TIS_C5=1 AND NIS/TEEN COMPLETE AND AGE IS 65+ OR ACIP4 in (09) THEN DO:
IF VAX2 EQ 02 GO TO ACM_SEX; ELSE IF VAX4A_M/Y LT 4/2023 GO TO ACM_SEX; ELSE IF VAX8 IN (02,77,99) GO TO ACM_SEX; ELSE IF (VAX3 EQ 02 AND VAX9 EQ 01) OR (VAX3F=02 AND VAX9=01) GO TO ACM_SEX; ELSE IF VAX3=01 GO TO ACM_SEX; ELSE GO TO ACM_65; END; IF C5/TIS_C5=01 AND NIS/TEEN COMPLETE GO TO ACM_SEX; ELSE GO TO ACM_AGE

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"; ELSE DISPLAY: "makes"] it difficult for you.

CONTINUE.....1

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

VAX_CONF13D

Not knowing where to get a vaccine.

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

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

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 EQ 2,77,99 OR VAX3 EQ 1 GO TO VAX_CONF13I

VAX_CONF13G

Not knowing whether you were eligible for another vaccine or not.

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

VAX_CONF13H

Having a reaction to a previous dose of the COVID-19 vaccine.

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

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:

[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 C5/TIS_C5=1 AND NIS/TEEN COMPLETE AND AGE IS 65+ OR ACIP4 in (09)
THEN DO:

IF VAX2 EQ 02 GO TO ACM_SEX; ELSE IF VAX4A_M/Y LT 4/2023 GO TO
ACM_SEX; ELSE IF VAX8 IN (02,77,99) GO TO ACM_SEX; ELSE IF (VAX3 EQ 02
AND VAX9 EQ 01) OR (VAX3F=02 AND VAX9=01) GO TO ACM_SEX; ELSE IF
VAX3=01 GO TO ACM_SEX; ELSE GO TO ACM_65; END; IF C5/TIS_C5=01 AND
NIS/TEEN COMPLETE AND AGE IS 777/999 GO TO ACM_REF; ELSE IF
C5/TIS_C5 AND NIS/TEEN COMPLETE GO TO ACM_SEX; ELSE GO TO
ACM_AGE

ACM_AGE What is your current age?

ENTER 999 FOR REFUSED

_____Age

IF AGE EQ 999 GO TO ACM_REF; ELSE

IF AGE IS 65+ OR ACIP4 IN (09) THEN DO:

IF VAX2 EQ 02 GO TO ACM_SEX; ELSE IF VAX4A_M/Y LT 4/2023 GO TO
ACM_SEX; ELSE IF VAX8 IN (02,77,99) GO TO ACM_SEX; ELSE IF (VAX3 EQ 02
AND VAX9 EQ 01) OR (VAX3F=02 AND VAX9=01) GO TO ACM_SEX; ELSE IF
VAX3=01 GO TO ACM_SEX; ELSE GO TO ACM_65; END; ELSE GO TO
ACM_SEX

ACM_REF Were you born before or after January 1, 1958?

INTERVIEWER INSTRUCTION: IF RESPONDENT SAYS BORN ON JANUARY 1, 1958 CODE AS **(2) AFTER**

BEFORE.....1
 AFTER.....2
 DON'T KNOW.....77
 REFUSED.....99

IF ACM_REF=1 THEN DO: IF VAX2 EQ 2 GO TO ACM_SEX; ELSE IF VAX4A_M/Y LT 4/2023 GO TO ACM_SEX; ELSE IF VAX8 IN (2,77,99) GO TO ACM_SEX; ELSE IF (VAX3 EQ 2 AND VAX9 EQ 1) OR (VAX3F=2 AND VAX9=1) GO TO ACM_SEX; ELSE IF VAX3=1 GO TO ACM_SEX; ELSE GO TO ACM_65; END;
 ELSE IF ACM_REF IN (2,77,99) THEN DO: IF ACIP4 IN (9) THEN DO:
 IF VAX2 EQ 2 GO TO ACM_SEX; ELSE IF VAX4A_M/Y LT 4/2023 GO TO ACM_SEX; ELSE IF VAX8 IN (2,77,99) GO TO ACM_SEX; ELSE IF (VAX3 EQ 2 AND VAX9 EQ 1) OR (VAX3F=2 AND VAX9=1) GO TO ACM_SEX; ELSE IF VAX3=1 GO TO ACM_SEX; ELSE GO TO ACM_65; END; ELSE GO TO ACM_SEX; END

ACM_65 [IF VAX3F IN (2, 77, 99) OR VAX3=2 OR (VAX3=3 AND (VAX9 IN (2,77,99) OR ACIP 4 IN (9))) OR (VAX3=4 AND ACIP4 IN (9) AND VAX9 IN (2,77,99))] THEN DISPLAY: "How many doses of the COVID-19 vaccine have you received since April 19, 2023?" ELSE DISPLAY: "How many doses of the COVID-19 vaccine have you received since September 1, 2022?"

READ IF NECESSARY: In April of 2023, the CDC introduced new guidelines for people who are 65 or over or who are immunocompromised.

ZERO.....0
 ONE.....1
 TWO.....2
 THREE.....3
 FOUR.....4
 FIVE.....5
 SIX OR MORE.....6
 DON'T KNOW.....77
 REFUSED.....99

ACM_SEX What is your sex; male or female?

MALE.....1
 FEMALE.....2
 DON'T KNOW.....77
 REFUSED.....99

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

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

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=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
 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

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	
DOMINICAN [SHOW ONLY IF USVI].....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 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

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	IF GUAM THEN DO: GO TO
	ACM_RACEAAPI; ELSE IF
	NOT GUAM DO: GO TO
	ACM_RACE_AS
NATIVE HAWAIIAN.....6	GO TO ACM_MEDEQ
PACIFIC ISLANDER.....7	IF GUAM THEN DO: GO TO
	ACM_RACEAAPI; ELSE IF
	NOT GUAM DO: GO TO
	ACM_RACE_PI
OTHER.....8	
DON'T KNOW.....77	GO TO ACM_MEDEQ
REFUSED.....99	GO TO ACM_MEDEQ

ACM_RACE_OS

ENTER OTHER SPECIFY: _____

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

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

ACMRACEAAPIO

ENTER OTHER SPECIFY: _____ GO TO ACM_MEDEQ

ACM_RACE_AAB

[IF C5/TIS_C5/LF_C1Q02=1 and C9/TIS_C9/Z_Q02BZ=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.

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

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 2022 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
REFUSED.....99

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 2022, 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
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 family income was [FILL ACM_Q91]?

YES.....1	IF NIS/TEEN/FLU SURVEY COMPLETE; SKIP TO ACM_BORN; ELSE IF USVI, GO TO ACM_ISLAND; IF GUAM, GO TO ACM_C19VIL; ELSE GO TO ACM_C19A
NO.....2	GO TO ACM_INCOME
DON'T KNOW.....77	GO TO ACM_INCOME
REFUSED.....99	GO TO ACM_INCOME

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

ACM_C19A

What is your zip code?

_____	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)
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'

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_BORN

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

REFUSED.....99 GO TO ACM_BORN

ACM_C19_NEWZ 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 NOT IN PUERTO RICO IN THE DROP DOWN MENU

[CITIES IN PUERTO RICO].....1-78

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: _____

ACM_BORN Were you born in the United States?

YES.....1

NO.....2

DON'T KNOW.....77

REFUSED.....99

IF ACM_BORN=1,77,99, THEN DO: IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO ACM_LANG; ELSE GO TO ACM_C1

ACM_FCBORN

In which country were you born?

ENTER COUNTRY: _____

IF NIS/TEEN/FLU SURVEY ANSWERED, SKIP TO ACM_LANG; 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: _____

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

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

IF ACM_LANG=2,77,99, THEN DO: IF NIS/TEEN/FLU 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.....88
DON'T KNOW.....77
REFUSED.....99

IF ACM_HHLANG=1,2,3,4,5,6,7,8,9,10,11,77,99, THEN DO: IF NIS/TEEN/FLU 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 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