NIS Adult COVID Module (NIS-ACM)
Hard Copy Questionnaire
Q4/2021

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

NORC

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……………………………………………………..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?

ONE……………………………………………………………1   GO TO VAX4_M
TWO…………………………………………………………..2   GO TO VAX4_M
THREE………………...…………………………………….3   GO TO VAX4_M
FOUR OR MORE…………………………………………...4   GO TO VAX4_M
DON'T KNOW………………………………………………77   GO TO VAX6
REFUSED…………………………………………………..99   GO TO VAX6

NORC

VAX4_M   During what month and year did you receive your **<u>first</u>** 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: 77/2020

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

MONTH/[YEAR=FILL]…………………………………………		GO TO VAX4_CHK
DON'T KNOW………………………………………………..77		GO TO ACIP1
REFUSED…………………………………………………..99		GO TO ACIP1

VAX4_CHK

IF VAX4_M=THE CURRENT MONTH GO TO VAX4_WEEK; ELSE GO TO ACIP1

IF IN FIRST WEEK OF THE MONTH, SKIP VAX4_WEEK

VAX4_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   GO TO ACIP1
NO…………………………………………………………..2   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 region?

YES……………………………………………………..…1 GO TO ACIP2
NO………………………………………………………...2 GO TO ACIP3
DON'T KNOW……………………………………………..3 GO TO ACIP2
REFUSED……………………………………………….…4 GO TO ACIP3

NORC

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……………………………………………..16 GO TO ACIP3
REFUSED…………………………………………………..17 GO TO ACIP3

ACIP2_OTH PLEASE SPECIFY: _____ GO TO ACIP3

ACIP3 Do you have a health condition that may put you at a 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 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

NORC

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

NORC

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_VONF11
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

NORC

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

NORC

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

NORC

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 THE STORE/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?

_____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 Would you consider 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

NORC

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_C501/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 SURVEY AND C9/TIS_C9 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

NORC

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
                                    [IF IAP=095, DISPLAY
                                    OPTION 11:]
DOMINICAN………………….....................................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.

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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
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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.

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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

NORC

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=1 and C9/TIS_C9=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	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

NORC

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

NORC

ACM_INCOME

Please think about your total combined family income during 2020 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?

_____   GO TO ACM_INC_CONF

DON'T KNOW…………………………………….77   GO TO ACM_INC_RANGE
REFUSED………………………………………….99   GO TO ACM_INC_RANGE

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 2020, 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 income was [FILL ACM_Q91]?

YES…………………………………………………..1
NO……………………………………………………2   GO 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

NORC

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

NORC

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_C19A/ 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?

     _____   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

NORC

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/CIM 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

NORC

K_D16   Those are all the questions I have. You may be re-contacted in the future to participate in related studies and 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

NORC