

NIS Adult COVID Module (NIS-ACM)
Hard Copy Questionnaire
Q4/2022

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

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 EQ 1,77,99 GO TO VAX_FLU; ELSE GO TO VAX2

VAX_FLU

Since July 1, 2022, 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 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
MODERNA/SPIKEVAX. 2
JOHNSON&JOHNSON/JANSSEN 3
NOVAVAX 4
ONE OF THE OTHER BRANDS THAT
REQUIRE 2 SHOTS BUT UNSURE OF NAME 5
OTHER 6
DON'T KNOW 7
REFUSED 99

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
REFUSED 99

VAX3 How many doses of a COVID-19 vaccine have you received?

INTERVIEWER NOTE: INCLUDE BOOSTERS IN TOTAL COUNT

ONE	1	IF VAX_FLU EQ 1 AND VAX4_M/VAX4_Y GT/EQ 7/2022 GO TO FLUCOV; ELSE GO TO VAX3C
TWO	2	IF VAX5A EQ 3 GO TO VAX3B; ELSE GO TO VAX4A_M
THREE	3	
FOUR	4	
FIVE	5	
SIX OR MORE	6	
DON'T KNOW	77	
REFUSED	99	

VAX3B Have you received a COVID-19 booster vaccine?

READ IF NECESSARY: Once people are fully vaccinated against COVID-19, some
people will get another dose called a booster.

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=FILL]
DON'T KNOW 77
REFUSED 99

IF MONTH EQ 77 OR 99 AND YEAR EQ 2022 GO TO VAX4B_M; ELSE IF VAX_FLU=1 AND VAX4A_M/VAX4A_Y GT/EQ 7/2022 GO TO FLUCOV; ELSE GO TO VAX3C

VAX4B_M Can you tell me if it was after September 1, 2022?

YES, IT WAS 1
NO, IT WAS NOT 2
DON'T KNOW 77
REFUSED 99

IF VAX_FLU=1 GO TO FLUCOV; ELSE GO TO VAX3C

FLUCOV You said that you got both your flu vaccine and a COVID-19 vaccine recently; did you get both vaccines during the same visit or at different times or visits?

YES, BOTH VACCINES AT THE SAME VISIT/TIME 1
NO, GOT THEM AT DIFFERENT VISITS/TIMES 2
DON'T KNOW 77
REFUSED 99

VAX3C [IF VAX3B=1 DISPLAY: 'Once you are eligible, how likely are you to get another COVID-19 booster vaccine?' ELSE, DISPLAY: 'How likely are you to get a COVID-19 booster vaccine?'] Would you say you would definitely get a booster, probably get a booster, probably not get a booster, definitely not get a booster, or are not sure?

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

DEFINITELY GET A BOOSTER.	1	GO TO ACIP1
PROBABLY GET A BOOSTER	2	GO TO ACIP1
PROBABLY NOT GET A BOOSTER	3	GO TO ACIP1
DEFINITELY NOT GET A BOOSTER.. ..	4	GO TO ACIP1
NOT SURE	5	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
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
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_CONF7A4

Did you receive a recommendation from a doctor, nurse, or other health professional before you got your **booster 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_CONF11

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 first 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 DIFFICULT 2
- SOMEWHAT DIFFICULT 3
- VERY DIFFICULT 4
- DON'T KNOW 77
- REFUSED 99

IF VAX3 NE '' GO TO VAX_CONF12; ELSE IF C5/TIS_C5=1 AND NIS/TEEN COMPLETE SKIP TO ACM_SEX; ELSE GO TO ACM_AGE

VAX_CONF12

How difficult [IF VAX2=1 AND VAX3B NE 1 DISPLAY: "would it be for you to get a COVID-19 vaccine booster?"]; ELSE [IF VAX2=1 AND VAX3B=1 DISPLAY: "was it for you to get a COVID-19 booster vaccine?"]. Would you say: not at all difficult, a little difficult, somewhat difficult, or very difficult?

INTERVIEWER NOTE: IF R SAYS THEY WOULD HAVE DIFFERENT ANSWERS, THEY SHOULD ANSWER THIS QUESTION FOR THE FIRST BOOSTER DOSE RECEIVED

- NOT AT ALL DIFFICULT 1 IF C5/TIS_C5=1 AND NIS/TEEN COMPLETE SKIP TO ACM_SEX; ELSE GO TO ACM_AGE
- A LITTLE DIFFICULT 2
- SOMEWHAT DIFFICULT 3
- VERY DIFFICULT 4
- DON'T KNOW 77
- REFUSED 99

VAX_CONF13

Many things might make it difficult to get a COVID-19 booster vaccine. Please tell me if anything I list [IF VAX3B=1 DISPLAY: "made"; ELSE DISPLAY: "makes"] it difficult for you.

- CONTINUE 1

VAX_CONF13A

Getting an appointment online.

[IF VAX3B=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B =1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

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

VAX_CONF13D

Not knowing where to get a booster vaccine.

READ IF NECESSARY:

[IF VAX3B =1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B =1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

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

VAX_CONF13E

Hard to get to vaccination sites.

READ IF NECESSARY:

[IF VAX3B =1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B =1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster 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 VAX3B =1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B =1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

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

VAX_CONF13G

Not knowing whether you were eligible for a booster vaccine or not.

READ IF NECESSARY:

[IF VAX3B=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster 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 VAX3B=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster 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 VAX3B=1 DISPLAY: "Did"; ELSE DISPLAY: "Has"] this [IF VAX3B=1 DISPLAY: "make"; ELSE DISPLAY: "made"] it difficult for you to get a COVID-19 booster vaccine?

- YES 1
- NO 2
- 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

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 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
- 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
GO TO ACM_MEDEQ |
| 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 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
- 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 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 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 GO TO ACM_INCOME
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. If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board at 1-866-309-0542.

EXIT SURVEY