

RECORD FROM SAMPLE:

Phone Type:
Cell 75%
Landline 25

Hello, I'm calling from FL Research, a national public opinion firm. I want to emphasize that this is not an attempt to sell anything or solicit funds. We're conducting a short survey in your area and this phone number is on my list. May I please speak with:

(IF THE TELEPHONE NUMBER ENDS IN AN EVEN NUMBER:)

The youngest woman living at this household who is 18 years old or older and is home at this time.

(IF NO WOMAN IS THERE, INTERVIEW ANY PERSON.)

(IF THE TELEPHONE NUMBER ENDS IN AN ODD NUMBER:)

The youngest man living at this household who is 18 years old or older and is home at this time.

(IF NO MAN IS THERE, INTERVIEW ANY PERSON.)

(IF AVAILABLE) Before we begin, I want to assure you that your responses will be kept anonymous, and all data will be analyzed in the aggregate only.

1. First, do you live in one of the five boroughs of New York City or Nassau (**NASS aw**) or Suffolk (**SUFF ick**) Counties?

Yes	100%	CONTINUE
No	X	TERMINATE
Not sure/Refused	X	TERMINATE

2. In which one do you live? (**DO NOT READ LIST**)

Bronx/Bronx County	11%	CONTINUE
Brooklyn/Kings County	22	CONTINUE
Manhattan/New York County	14	CONTINUE
Nassau County	14	CONTINUE
Queens/Queens County	20	CONTINUE
Staten Island/Richmond County	5	CONTINUE
Suffolk County	15	CONTINUE
Not sure/Refused	X	TERMINATE

3. Have you previously received at least one COVID vaccine?

Yes	75%	ASK Q.4
No	24	SKIP TO Q.8
Not sure/Refused	1	SKIP TO Q.8

4. Since receiving the COVID vaccine, have you received any boosters?

Yes	76%	ASK Q.5
No	23	SKIP TO Q.6
Not sure/Refused	1	SKIP TO Q.6

5. To the best of your recollection, how many boosters have you received?

1	44%
2	39
3	11
4	2
5+	1
Not sure/Refused	3

6. Are you planning to get the latest COVID booster recently approved by the F-D-A and C-D-C?

Yes	39%	SKIP TO Q.8
No	25	ASK Q.7
Already got it (Vol.)	15	SKIP TO Q.8
Not sure/Refused	22	SKIP TO Q.8

7. Which one of the following is the main reason you do not plan to get the latest COVID booster? **(READ LIST RANDOMLY/ACCEPT ONLY ONE RESPONSE)**

I don't think I need it	24%
I'm afraid I will get COVID from it	8
Side effects	13
I don't think it is effective	20
There are too many vaccines	13
It may not be free or covered by insurance	2
I recently had COVID	1

(DON'T READ)

Other (Vol.)	20
Not sure/Refused	-

8. **(ASK EVERYONE)** Do you have any underlying health conditions that put you at greater risk for getting COVID or making it more severe?

Yes	27%
No	69
Not sure/Refused	4

9. Do you currently have any unexpired COVID test kits in your home?

Yes	32%
No	58
Not sure/Refused	11

10. Do you have any children in your immediate household who are under age 18?

Yes	31%	ASK Q.11
No	68	SKIP TO Q.13
Not sure/Refused	1	SKIP TO Q.13

11. Have your children received at least one COVID vaccine?

Yes	51%	ASK Q.12
No	48	SKIP TO Q.13
Not sure/Refused	1	SKIP TO Q.13

12. Are you planning to have your children get the latest COVID booster?

Yes	29%
No	46
Not sure/Refused	25

13. **(ASK EVERYONE)** Do you typically get a flu vaccine?

Yes	63%
No	35
Not sure/Refused	3

14. Do you plan to get a flu vaccine this season?

Yes	61%	SKIP TO Q.16
No	32	ASK Q.15
Not sure/Refused	7	SKIP TO Q.16

15. Which one of the following is the main reason you do not plan to get a flu vaccine this season? **(READ LIST RANDOMLY/ACCEPT ONLY ONE RESPONSE)**

It didn't work last year	7%
I'm afraid I will get the flu from it	13
Side effects	9
I don't think it is safe	26
There are too many vaccines	10

(DON'T READ)

Other (Vol.)	29
Not sure/Refused	6

16. **(ASK EVERYONE)** What is your age? **(READ LIST IF NECESSARY)**

18-34	15%	SKIP TO Q.19
35-49	31	SKIP TO Q.19
50-64	24	SKIP TO Q.19
65 and over	29	ASK Q.17-18
Not sure/Refused	1	SKIP TO Q.19

17. Have you heard of Arexvy, the F-D-A approved vaccine for the prevention of lower respiratory tract disease caused by R-S-V?

Yes	29%
No	70
Not sure/Refused	2

18. Regardless of how you just answered, would you consider getting this vaccine?

Yes	27%
No	41
Not sure/Refused	32

19. **(ASK EVERYONE)** Are you very familiar, somewhat familiar, not very familiar, or not familiar at all with the Mount Sinai South Nassau Vaxmobile?

Very familiar	12%
Somewhat familiar	21
Not very familiar	31
Not familiar at all	36
Not sure/Refused	-

20. Do you maintain a regular vaccination schedule?

Yes	43%
No	55
Not sure/Refused	2

21. And do you think vaccines are very important, important, not very important, or not important at all to maintaining your health?

Very important	32%
Important	37
Not very important	12
Not important at all	12
Not sure/Refused	7

NOW I'D LIKE TO ASK YOU A FEW LAST QUESTIONS FOR COMPARISON PURPOSES ONLY.

22. Are you of Latino, Hispanic, or of Spanish origin?

Yes	23%
No	77
Not sure/Refused	1

23. And finally, what is your racial background – are you White, Black or African American, American Indian, Asian or of some other race? If you are multi-racial, please indicate all races that comprise your racial background. **(ACCEPT UP TO SIX RESPONSES)**

White	51%
Black/African American	14
American Indian	1
Asian	7
Other	9
Latino/Hispanic/Spanish (vol.)	23
Not sure/Refused	-

THANK YOU. YOU HAVE BEEN MOST HELPFUL.

THIS INFORMATION IS TO BE RECORDED AFTER THE INTERVIEW HAS BEEN COMPLETED.

24. Respondent's Gender:

Male	48%
Female	52
Other/Don't know	-