

**[US OMNI]
[MARKETING FOR CHANGE-PARENT STUDY]
[CHRIS DEENEY]**

**[GENPOP1]
[THIS STUDY NEEDS N=1,005 TO HAO1]**

**[NEW]
[THIS IS DA APPROVED]**

[MUST BE A PARENT OR LEGAL GUARDIAN OF A CHILD 0-17 TO CONTINUE, ELSE SKIP TO NEXT SECTION]

HAO1.

[IF ANY CHILDREN AGE 0 TO 11, DISPLAY] Thinking about your oldest child under 12 or younger: WILL you get your child vaccinated against COVID-19 once a vaccine is approved by the FDA for children that age?
[IF NO CHILDREN AGE 0 TO 11, DISPLAY] Have you had your child(ren) vaccinated against COVID-19?

Yes
No
Unsure

HAO2. When thinking about the COVID-19 vaccine for your child, what issues do you consider? **(Select all that apply)**

[RANDOMIZE ANCHOR I AM MORALLY, OTHER ISSUES AND NONE OF THESE]

[ONLY DISPLAY CODE 1 IF ANY CHILDREN AGE 0 TO 11] It may be too difficult or inconvenient to get the vaccine for my child

[ONLY DISPLAY CODE 2 IF NO CHILDREN AGE 0 TO 11] It was too difficult or inconvenient to get the vaccine for my child

The vaccine may be ineffective at protecting my child from COVID-19

I am concerned about potential problems or side-effects from the vaccine

I don't trust the government's motives for requiring the vaccine

I want my child to be able to participate in school and community activities (sports, school activities, etc.) that may require the vaccine

My child's school may mandate the vaccine

I don't want my child to get sick with COVID-19

I don't want my child to infect others in my family or my community with COVID-19

I want to travel with my child

I have no concerns about the vaccine for my child(ren)

I am morally opposed to the vaccine (Please Specify) **[ANCHOR INSERT TEXT BOX]**

Other issues I consider when deciding whether to get my child vaccinated against COVID-19 **(Please Specify)**

[ANCHOR INSERT TEXT BOX]

None of these **[VALIDATE]**

HAO3. Think about parents you know with a child the same age ...

[IF ANY CHILDREN AGE 0 TO 11, DISPLAY] what portion of those parents are likely to get that child vaccinated against COVID-19 once the FDA approves a vaccine for that age?

[IF NO CHILDREN AGE 0 TO 11, DISPLAY] what portion of those parents have gotten that child vaccinated against COVID-19?

All or nearly all of them
Most of them
Some, but not most of them
Few, if any

[IF MULTIPLE CHILDREN UNDER 18, RANDOMLY SELECT ONE OF THE CHILDREN FROM DKIDS01-MARK IN DATA HERE]

[DISPLAY THE BELOW ON ITS OWN SCREEN- DISPLAY INSERTS IN BOLD MOVING FORWARD]
For the next set of questions, please think about your **[INSERT AGE] [son/daughter]**.

HAO4. How often do you do the following?
(Please answer regarding your **[INSERT AGE] [son/daughter]**.)

[GRID ACROSS: PROGRESSIVE]

Never
Rarely
Sometimes
Often
Always

[GRID DOWN: RANDOMIZE]

I openly show affection to my child
I let my child know that I appreciate his/her ideas or the things he/she does

HAO5. How much do you agree or disagree with the following?
(Please answer regarding your **[INSERT AGE] [son/daughter]**.)

[GRID ACROSS: PROGRESSIVE]

Strongly disagree
Somewhat disagree
Neither agree nor disagree
Somewhat agree
Strongly agree

[GRID DOWN: RANDOMIZE]

I make sure my child always knows exactly what they can and cannot do
I have high standards for my child and expect my child to meet those standards

HAO6. How many guns do you currently own and keep in your home?

[BE SURE TO ASSIGN CODE 0 FOR "None"]

None
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30 or more

HAO7.

[IF "1 OR MORE: AT HAO6, DISPLAY:] What types of guns do you own and keep in the house? **(Select all that apply)**

[IF "None" AT HAO6, DISPLAY:] What types of guns might you purchase in the future? **(Select all that apply)**

[ONLY DISPLAY "Would never buy a gun" IF "None" AT HAO6]

Handgun or pistol

Precision (e.g., hunting) rifle

Semi-automatic rifle (AR-15, AK-style)

Shotgun

Any other class of gun (Please specify) **[INSERT TEXT BOX]**

Would never buy a gun **[VALIDATE]**

HAO8. Think about other parents you know who have children about the same age as you. How many of these parents do you think own one or more guns?

All or nearly all of them

Most of them

Some, but not most of them

Few

None

[IF "Code 1 – 4" TO HAO8, ASK HAO9; OTHERWISE, SKIP TO HAO10]

HAO9. For those parents you know who may have a gun, how many, on average, do you think they have?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30 or more

HAO10. How often do you talk to your children about gun safety?

- Never
- Rarely
- Sometimes
- Often
- Always

HAO11. During the past 30 days, how often has your child felt fretful, angry, irritable, anxious, or depressed?
(Please answer regarding your **[INSERT AGE] [son/daughter].**)

- Never
- Rarely
- Sometimes
- Often
- Always

[IF “Code 2-4” TO HAO11, ASK HAO12; OTHERWISE, SKIP TO HAO13]

HAO12. How did you know your child was feeling fretful, angry, irritable, anxious, or depressed? **(Select all that apply)**

(Please answer regarding your **[INSERT AGE] [son/daughter].**)

[RANDOMIZE ANCHOR OTHER WAY]

- My child told me without me asking
- I asked my child
- I observed my child’s behavior
- Someone else told me (other parent, child’s peer, sibling, or teacher)
- Other way (Please specify) **[INSERT TEXT BOX]**

HAO13. Did you consider talking to a doctor or other mental health professional about your child’s feeling fretful, angry, irritable, anxious, or depressed?

(Please answer regarding your **[INSERT AGE] [son/daughter].**)

[SINGLE SELECT]

- No, I did not consider it because I did not believe it was necessary
- No, I did not consider it because I did not know who to call
- No I did not consider it because of concerns about cost or health insurance
- No I did not consider it for other reasons (Please specify) **[INSERT TEXT BOX]**
- Yes, I did consider it, but decided not to because (Please specify reason) **[INSERT TEXT BOX]**
- Yes, I did consider it and I took my child to see a medical doctor

Yes I did consider it and I took my child to see a specialist/Psychologist

HAO14. Think about other parents you know who have children about the same age as you. What portion of parents you know would consider talking their child to a doctor or mental health professional if their child was feeling fretful, angry, irritable, anxious, or depressed?

- All or nearly all of them
- Most of them
- Some, but not most of them
- Few, if any

HAO15. Thinking about last Friday, about how many hours of screen time did your child have?
(Please answer regarding your **[INSERT AGE] [son/daughter].**)
(Enter number of hours from 0 to 24. If no time, enter "0". If unsure, your best guess is fine.)

[INCLUDE NUMERIC TEXT BOX- VALID RANGE IS 0 TO 24]

[IF 1 TO 24 AT HAO15, ASK HAO16; OTHERWISE, SKIP TO HAO17]

HAO16. Thinking about last Friday, how many of the **[INSERT & BOLD RESPONSE TO HAO15]** hour(s) of screen time did your child have in each of these categories:

[INCLUDE NUMERIC TEXT BOXES NEXT TO EACH- TOTAL FROM HAO15 MUST EQUAL RESPONSE TO HAO16]

- Social media (Tik Tok, instagram, facebook, etc.) [pull down menu 0-24]
- Streaming television, movies, or videos (netflix, youtube, hulu, etc.)
- Video games or gaming
- Academics or distance learning
- Other screen activities (Please specify) **[INSERT TEXT BOX]**

HAO17. Think about other parents you know who have children about the same age as you. Now, thinking about last Friday and your children's screen time, which statement would have best described you?

- I allowed my child to have more screen time than would be allowed by most parents I know
- I allowed my child to have about the same amount of screen time as most parents I know
- I allowed my child to have less screen time than would be allowed by most parents I know

HAO18. Thinking about the past 30 days, what strategies have you used to regulate your child's use of screens (e.g, telephone, tablet or desktop computer, television)? **(Select all that apply)**

[RANDOMIZ ANCHOR I USED AND I DON'T]

- I have household rules that limit the amount of screen time my child can have
- I talked to my child about their online activities
- I checked my child's phone or computer to see which websites my child visited
- I read through my child's social media posts
- I am "friends" with my child on social media so I can see what they post
- I used electronic parental controls to place limits on child's my online activities or cell phone use
- I took my child's phone to look through their texts, emails, and direct messages
- I used other strategies to regulate my child's screen time (Please specify) **[INSERT TEXT BOX]**
- I don't actively regulate my child's use of screens **[VALIDATE]**

HAO19. Think about other parents you know who have children about the same age as you. Which of the following strategies do you think parents you know use to monitor their child's use of screens? **(Select all that apply)**

[RANDOMIZE ANCHOR OTHER STRATEGIES AND OTHER PARENTS]

Have rules that limit the amount of screen time child can have every day
Talked to their child about their online activities
Check which websites their child visited on their phone or computer
Look up and read through their child's social media profile
Are "friends" with child through social media so can see what they post on social media
Use electronic parental controls to place limits on child's online activities or cell phone use
Take their child's phone to look through texts, emails, and direct messages on child's phone
Other strategies for monitoring their child's screen time (Please specify) **[INSERT TEXT BOX]**
Other parents don't actively regulate their child's use of screens **[VALIDATE]**

HAO20. How often do you talk to your child about how to stay safe on extremely hot days (during heat waves)?

Never
Rarely
Sometimes
Often
Always

HAO21. Think about parents who have children the same age as you. How often do you think most parents talk to their child about how to stay safe on extremely hot days (during heat waves)?

Never
Rarely
Sometimes
Often
Always

HAO22. How often do you talk to your child about the effects of climate change on physical and mental health? (Please answer regarding your **[INSERT AGE] [son/daughter].**)

Never
Rarely
Sometimes
Often
Always

HAO23. How often do you talk to your child about comparing themselves or how they look to the people and images they see on social media? (Please answer regarding your **[INSERT AGE] [son/daughter].**)

Never
Rarely
Sometimes
Often
Always

HAO24. Think about other parents you know who have children about the same age as you. How often do you think these parents talk to their children about comparing themselves to the people and images they see on social media?

Never
Rarely
Sometimes
Often
Always

HAO25. For the next questions, decide whether you believe the statement is true or not true.

[GRID ACROSS: PROGRESSIVE]

Definitely NOT true
Probably NOT true
Not sure/cannot decide
Probably true
Definitely true

[GRID DOWN: RANDOMIZE]

The government works with scientists to manipulate, fabricate, or suppress evidence in order to deceive the public
New and advanced technology which would harm current industry and corporations is being suppressed
A lot of important information is deliberately concealed from the public by the government