

ANNOTATED ONLINE SURVEY USED FOR CCP

The following online survey created by the Federal COVID-19 Response (FCR) for The Fight Is In Us COVID-19 convalescent plasma (CCP) donor activation program aimed to identify potential barriers and motivators for plasma donors. The callout boxes in this resource identify areas to consider when designing a survey during a public health emergency that requires a community activation response.

The research team that created this survey holds expertise in behavior change and behavioral science, public health, health communication sciences, and marketing research. These research areas develop understanding regarding why people do or do not choose to perform certain behaviors, as well as the best techniques for reaching specific groups of people to encourage them to engage in certain behaviors. However, existing research did not answer all pertinent questions regarding how to activate plasma donors in the COVID-19 pandemic. To support the donor activation program goals, the online survey aimed to fill this research gap.

The online survey asked specific questions regarding respondents' demographic characteristics, as well as their attitudes, beliefs, and behaviors related to COVID-19, including their adherence to public health guidelines. It also asked questions to discern their sources of health information, including media consumption and influential community voices.

Data from the survey informed different aspects of the CCP donor activation campaign, including:

- **Refine the creative assets.** Using data from the survey and other sources guided character designs and customized messages for audience needs (e.g., literacy level).
- **Motivate certain populations more specifically.** Research supports that the best approach to reach individuals is to make messaging as specific and direct as possible. This survey allowed the team to segment the audience more specifically than just at the Metropolitan Statistical Area (MSA) level.
- **Understand community engagement approaches.** Data from this survey helped the team understand where people get trusted health information (e.g., influential leaders, healthcare providers, social media).
- **Revise FAQs, PSAs, or Testimonials** to know which barriers the team can address for different MSAs and for specific populations within those MSAs, including how to donate plasma, access to donation centers, and, if necessary, how to build trust in the medical community.

Legal and Ethical Considerations

- Obtain legal and ethical approvals including Human Subjects Review and Protection Institutional Review Board (IRB); Paperwork Reduction Act (PRA) (1995) burden reduction requirements or waivers.
- Consult with a survey development expert to ensure the rights and welfare of both researchers and participants are protected
- Include details about how the responses will benefit the campaign, who is collecting the information, and how the person's privacy will be protected.
- Additional oversight may be required if surveying protected populations (e.g., children, pregnant women) or if asking about respondents' health status

Survey Introduction

Thank you for your time. **The Fight Is In Us** educates people regarding the importance of donating plasma to fight COVID-19. The project is focused on treating those hospitalized with COVID-19 with plasma from donors who have recovered from COVID-19. Your answers will improve **The Fight Is In Us** campaign.

The Fight Is In Us outreach campaign is managed by The MITRE Corporation on behalf of the U.S. Government.

This survey will ask you about your life and activities during COVID-19. We will not ask questions regarding your personal health. We will ask about your thoughts and feelings regarding your community, COVID-19, blood and plasma donation, and health.

We will not share your information or answers with anyone. Our final report will not identify you or anyone else by name or other identifiable information.

This survey should take you about 20 minutes to finish.

Please click continue to begin the questionnaire. By answering questions in this survey, you consent to participating in this survey and sharing your answers.

We would like you to answer every question. You can skip a question if you do not want to answer it. You can stop the survey at any time by clicking [EXIT]. If you exit the survey before finishing it, your responses will not be saved.

If you have any questions regarding this survey, please contact: [name and contact information of principal investigator or other appropriate research team contact].

When you are ready to begin, please click continue.

Pre-Screening Questionnaire

First, let us see if you qualify for this survey.

- Do you live in <MSA or near The Greater <MSA> area? [Multiple choice, Single option]
 - Yes
 - No [Thank You - Survey Ineligible Page]
- How old are you? [Multiple choice, Single option]
 - Under 18 [Thank You - Survey Ineligible Page]
 - Over 18

Main Questionnaire

Section 1: Community Connections

This section will ask you questions regarding COVID-19 and your community. Your community is not only where you work or live, but also where you interact, either

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Keep the introduction short and informative.

Include details about how the responses will benefit the campaign, who is collecting the information, and how the person's privacy will be protected.

Obtain legal and ethical approvals including Human Subjects Review and Protection Institutional Review Board (IRB); Paperwork Reduction Act (PRA) (1995) burden reduction requirements or waivers.

Methods and approvals to survey protected populations (e.g., children, pregnant women) will require additional oversight.

If it is necessary to ask about respondents' health status as related to the PHE, be sure to get the necessary human subject protection approvals.

online or in-person, with friends, family, work colleagues, or neighbors. **[Freeze top frame for Section 1]**

- In the past 6 months of COVID-19, people in my community: (Select all that apply) [Multiple choice, Multiple choice]
 - Have checked on me
 - Have run errands for me (for example, grocery shopping)
 - Have provided mental or emotional support
 - Have provided food, rent, or other money-related support for me (for example, gift cards or cash)
 - Have formed a social bubble or pod [popup definition with text: A small group of trusted people who you do not live with, who agree to a shared set of rules for COVID-19 safety.]
 - Have formed a mutual aid group [popup definition with text: A formal or informal network which connects neighborhood-level individuals and groups to collect and share access to food, material, and financial resources and services.]
 - Other, explain [Text Field] [Require if selected]
- To what extent do you agree with the following statements? Click on the responses that matches the degree to which you agree or disagree with the statements. My community can count on me to help in times of need (for example, I would be willing to donate food, money, time, blood/plasma). [Likert Slide format, 1-5]
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - I Strongly disagree
- I get health information from my community regarding: (Select all that apply) [Multiple choice]
 - Blood donations
 - Plasma donations
 - Vaccinations
 - Medical research
 - I don't receive health information from my community
 - Other, explain [Text Field]
- I think my community follows public health guidelines for safe COVID-19 behaviors.
 - Agree
 - Disagree [Skip to Q11]
- For each of the categories, please select the safe COVID-19 behaviors your community follows. Please indicate the extent to which behaviors in your community have changed or remained the same in the past three months. (Select all that apply) [Multiple choice, Pick Group and Rank by the following Categories: This behavior has decreased in the past 3 months, this behavior has remained the same in the past 3 months, this behavior has increased in the past 3 months]

Reflect on the intended audience for the community activation campaign.

Ensure that the respondents are reflective of and representative of the population of interest.

The respondent sample could be based on demographics, geographical location, behaviors, or a combination.

The level of familiarity, trust, and willingness to participate in surveys will vary across different communities.

Special care should be taken to understand the barriers to participation. Ways to address barriers include recruitment of staff that speak respondents' preferred language, inclusion of key community leaders in surveying efforts, relationship building between the community and researchers, and availability of accommodations (e.g., internet).

- Wearing masks around others
- Washing hands
- Cleaning surfaces
- Social distancing or avoiding close contact with others
- Staying home
- Avoiding crowded or indoor spaces
- Avoiding large groups
- Other, explain [Text Field]
- I follow public health guidelines for safe COVID-19 behaviors.
 - Agree
 - Disagree [Skip to Q11]
- For each of the categories, please select the safe COVID-19 behaviors you follow. Please indicate the extent to which your behaviors have changed or remained the same in the past three months. (Select all that apply) [Multiple choice, Pick Group and Rank by the following Categories: This behavior has decreased in the past 3 months, this behavior has remained the same in the past 3 months, this behavior has increased in the past 3 months]
 - Wearing masks around others
 - Washing hands
 - Cleaning surfaces
 - Social distancing or avoiding close contact with others
 - Staying home
 - Avoiding crowded or indoor spaces
 - Avoiding large groups
 - Other, explain [Text Field]
- Who are the trusted voices in your community? (Select all that apply) [Multiple Choice, Survey logic opens text field Q11a. for each response]
 - Local News Reporter
 - Radio Show Host
 - Grassroots Organization
 - Community Leader
 - Local Influencer or Celebrity
 - City Councilman or Politician
 - City Public Health Official or Department
 - I do not have a trusted voice in my community
 - Other, explain [Text Field]

13a. Please provide a name or an example of the trusted voice **[Insert each text answer response from a-g, from Q11]**.

Section 2: Tech/Digital Access

This section will ask you questions about your comfort using digital devices.

- Do you have reliable access to any of the following? (Select all that apply) [Multiple choice, Multiple option]
 - Laptop or Desktop Computer
 - Cell phone

Word choices matter in a survey.

Always consider literacy level and language accessibility.

Use plain language to ensure the survey questions can be understood by participants.

Define adjectives or qualifiers to make sure they are understood consistently by all respondents.

Define words that could be interpreted broadly if specificity is needed for survey results.

Avoid technical jargon.

- Smartphone
- Tablet
- None of the above
- Do you have reliable access to an internet connection in your home?[Multiple choice, Single option]
 - Yes
 - No

Section 3: Access to Healthcare

This section will ask you questions about your thoughts and feelings about healthcare.

- How do you stay up to date with current health-related information? (Rank your preference for answers from 1 (highest) to 9 (lowest) by dragging the boxes to the numbers on the right.) **[Multiple choice, Rank Order format]**
 - Radio
 - Television
 - Newspaper (printed)
 - Digital Publications (for example, nytimes.com, washingtonpost.com, foxnews.com)
 - Internet (for example, Google search)
 - Social Media (for example Facebook, Twitter, Instagram)
 - Talking to people
 - From your nearest healthcare facility
 - I do not stay up to date (or actively avoid) with health-related information
 - Other, explain [Text Field]

This section will ask about your feelings about your healthcare provider. This could be anyone who provides you with health services, for example a doctor, dentist, local hospital, clinic, or urgent care center that can provide tests or treatment services.

[Freeze top frame for Section 3]

- In the past year, how often have you accessed healthcare services? **[Multiple choice, single option]**
 - Every month
 - Every 3 months
 - Every 6 months
 - Every year
 - I have not accessed healthcare services in the past year [Skip to Q19]
 - Other, explain [Text Field]
- Which of the following best describes the type of healthcare provider you have accessed in the past year? **[Multiple choice]**
 - Community or Free Clinic
 - Urgent Care Clinic (for example, “Minute Clinic”, Pharmacy In-Store Clinic)

Response options can impact data analysis.

A “none” or “none of the above” category for each relevant question can help to discern whether respondents found no option that applied to them, or if they just skipped the question.

Including “Other” allows the respondent with the opportunity to provide additional information. However, this can also complicate analyses.

Think about response structures. Some questions may be better answered with a single response option, while other questions should offer multiple options.

Consider whether listing several items together in a question is beneficial for your survey purposes or if listing items individually would work better.

- Private or Family Practice
- Medical Group
- Military healthcare facility
- VA Medical Center
- Other, explain [Text Field]
- In the past year, have you experienced any barriers to accessing healthcare?
 - Yes
 - No [Skip to Q19]
- If yes, which barriers related to health services have prevented you from accessing healthcare? (Select all that apply) **[Multiple choice, Multiple choice]**
 - Costs
 - I do not have health insurance
 - Issues with government provided health insurance (for example, Medicaid, Medicare, Tricare)
 - I do not have a healthcare provider (for example, a personal doctor) **[Skip to Section 4/Q26]**
 - Transportation
 - I do not feel comfortable being around sick people right now. (For example, I might get COVID-19 if I go to the doctor)
 - Other, explain [Text Field]
- Do you have a healthcare provider (for example, a personal doctor)?
 - Yes
 - No **[Skip to Section 4/Q26]**
- My healthcare provider gives me information on health initiatives, such as: (Select all that apply) **[Multiple choice, Multiple Option]**
 - Blood donations
 - Plasma donations
 - Vaccinations
 - Medical research
 - My healthcare provider does not provide me with information on health initiatives
 - Other, explain [Text Field]

Please answer the following questions based on how much you agree with each statement.

- My healthcare provider understands my health needs. [Multiple choice, Single option]
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree
- My healthcare provider has my best healthcare interests in mind.[Multiple choice, single option]
 - Strongly Agree
 - Agree
 - Neither agree nor disagree

Survey structure can sometimes prime certain responses. If this is a concern, randomizing the questions can help to avoid bias.

- Disagree
- Strongly disagree
- I trust my healthcare provider to give me public health information that is timely and accurate (through phone calls, text notifications, email communications, mail). **[Multiple choice, single option]**
 - Strongly Agree
 - Agree
 - Neither agree nor disagree
 - Disagree
 - Strongly disagree

Section 4: Blood/Plasma Donation and Medical Research

This section will ask your thoughts and feelings about your possible experience with blood or plasma donation.

- Have you ever donated blood? [Multiple choice, Single option]
 - Yes
 - No [Skip to Question 25]
- If you have donated blood, what *most* influenced your decision? [Multiple choice, Single option]
 - There were blood drives or blood donation events in my community
 - I knew someone who has donated (for example, family or friend)
 - I knew someone in need
 - I wanted to help others
 - Other, explain [Text Field]
- If you have not donated blood, why? (*Select all that apply*) [Multiple choice, Multiple option]
 - I do not know how to donate
 - I do not have time to donate
 - I do not have access, or I do not have transportation
 - It has never crossed my mind
 - It is against my religious beliefs
 - I do not trust the medical community
 - I heard someone else's negative experience
 - I am not allowed to because of blood donation rules
 - Other, explain [Text Field]
- Have you ever donated plasma?
 - Yes [go to question 27]
 - No [Skip to Question 29]
- Have you donated plasma since March 2020?
 - Yes
 - No
- If you have donated plasma, what *most* influenced your decision? [Multiple choice, Single option]
 - There were plasma drives or plasma donation events in my community

If the survey includes a time frame (e.g., six months) for reference, consider why that time period is included, how long data collection and analysis will take, and whether responses will remain relevant past the selected time frame.

- I knew someone who has donated (for example family or friend)
- I wanted a financial incentive
- I knew someone in need
- I wanted to help others
- Other, explain [Text Field]
- If you have not donated plasma, why? (*Select all that apply*) [Multiple choice, Multiple option]
 - I do not know how to donate
 - I do not have time to donate
 - I do not have access, or I do not have transportation
 - It has never crossed my mind
 - It is against my religious beliefs
 - I do not trust the medical community
 - I heard of someone else's negative experience
 - I am not allowed to because of plasma donation rules
 - Other, explain [Text Field]
- Have you ever participated in medical research (for example, drug treatment trials)?
 - Yes
 - No [Skip to Question 32]
- If you have participated in medical research, what most influenced your decision? [Multiple choice, Single option]
 - It was recommended by my healthcare provider (for example, personal doctor or specialist)
 - I knew someone who has participated (for example, family or friend)
 - I wanted a financial incentive
 - I knew someone in need
 - I wanted to help others
 - Other, explain [Text Field]
- If you have not participated in medical research, why? (*Select all that apply*) [Multiple choice, Multiple option]
 - I do not know how to participate
 - I do not have time to participate
 - I do not have access, or I do not have transportation
 - It has never crossed my mind
 - It is against my religious or personal beliefs
 - I do not trust the medical community
 - I heard of someone else's negative experience
 - I am not allowed to because of medical research rules
 - Other, explain [Text Field]

Consider the demographic questions, the specificity of response options, and how demographics might affect the analysis, and inferences about the sample.

Surveys aimed at specific subpopulations should use terminologies and response options reflective of possible demographic identities within the group.

Section 5: Demographics

- What is your age range? [Multiple choice, Single option]
 - 18-34
 - 35-64
 - 65+
- What is your ethnicity? [Multiple choice, Single option]

- Hispanic or Latino or Latina or Latinx
- Non-Hispanic or Latino or Latina or Latinx
- Prefer not to say
- What is your race? [Multiple choice, Multiple option]
- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Prefer not to say
- What is your gender identity? [Multiple choice, Single option]
 - Male
 - Female
 - Trans Male/Trans Man
 - Trans Female/Trans Woman
 - Genderqueer or Gender Non--Conforming
 - Prefer not to say
- What is the highest level of education you have completed? [Multiple choice, Single option]
 - 8th grade or less
 - Some high school
 - High school graduate or GED (high school equivalency)
 - Some college or two-year college
 - Technical school or associate degree
 - College graduate
 - Some graduate school or post-graduate degree
 - Graduate or professional degree
- Which of the following best describes your employment *before* the COVID-19 pandemic (before March 2020)? [Multiple choice, Single option]
 - Employed full-time (40 hours per week)
 - Employed part-time (Less than 40 hours per week)
 - Self-employed
 - Full-time student
 - Part-time student
 - Unemployed or laid off
 - Unable to work for health reasons
 - Retired
 - Stay at home parent or caregiver
 - Prefer not to say
 - Other, explain [Text Field]
- Has your employment status changed since the COVID-19 pandemic (after March 2020)? [Multiple choice, Single option]
 - My employment status has not changed since the COVID-19 pandemic
 - I have gained employment
 - I am unemployed
 - I am still employed but am working reduced hours

- I had to quit my job to take care of people who depend on me (for example children, parents)
 - Other, explain [Text Field]
- In which category was your employment or education *before* the COVID-19 pandemic (before March 2020)? [Multiple choice, Single option]
 - Transport, Retail, or Wholesale
 - Business and Other Services, Finance, or Insurance
 - Manufacturing, Construction or Agriculture
 - Computer and Mathematical
 - Food Preparation and Serving
 - Legal Occupations
 - Healthcare Specific Occupations
 - Hospitality, Leisure, or Entertainment
 - Farming, Fishing, Forestry
 - Community and Social Service
 - Public Sector
 - Research, Academia, or Education
 - Military Specific Occupations
 - Other, explain [Text Field]
- Finally, which of the following best describes your approximate level of combined household income for the past 12 months? This includes all income from both formal and informal employment. [Multiple choice, Single option]
 - Less than \$25,000
 - \$25,000 to \$74,999
 - \$75,000 to \$149,999
 - \$150,000 or above
 - Don't Know or Not Sure
 - Prefer Not to Say

Click [SUBMIT] to end this survey. [Thank You - Survey Complete Page]

Thank You [Survey Ineligible]

Thank you for your interest in completing this survey. Based on our screening criteria for age and geography, you are ineligible to participate in this research study.

If you have any questions, please contact us at [INSERT EMAIL]. To learn more about The Fight Is in Us campaign, you can visit our website here <hyperlink TheFightIsInUs.org opens into new window>.

Thank You [Survey Complete]

Thank you for completing this survey. Your responses have been saved. If you have any questions, please contact us at [INSERT EMAIL]. To learn more about The Fight Is In Us campaign, you can visit our website here <hyperlink TheFightIsInUs.org opens into new window>.

Confidentiality & Protection of Privacy

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral form that could link you to this study. All records will be stored for at least three years after completion of the study.

Where and how the survey is deployed can impact how accessible the survey will be to various populations.

If responses are needed quickly, consider deploying the survey to pre-screened individuals. There are also benefits to deploying the survey through other platforms, such as social media.

Some populations might take longer to find and gather enough responses. Weigh the time to collect data against gathering enough data to make generalizable interpretations of responses.