

EXCITE Curriculum: Pre-, Post-, and Follow-up Survey

Verbal survey instructions:

“Researchers from Colorado State University would like your help to better understand your feelings about vaccines. If you are willing, they would appreciate your help in filling out a survey online. The survey does not require you to put your name, so no one else will know what you answered but you. ”

[The 4-H Extension Agent will then direct students to the survey link].

“This survey is voluntary, which means that you do not have to fill it out if you do not want to, and you can stop at any time. If you have any questions along the way, you are welcome to ask me or email the researcher at Colorado State University (Dr. Nathaniel Riggs, at Nathaniel.Riggs@colostate.edu).”

Written survey instructions (on Qualtrics):

All the information that you give is confidential. This means that it will be kept secret and private. We will not ask for your name anywhere on the survey. We will never show the surveys to your parents or anyone at the school. By law we are not allowed to share your individual information with anyone.

1. **Since we are not using your name, we’d like to create a special way to connect your surveys.**
 - a. What is the **first letter** of your **first name**? (for example, if my name is Jane Smith, I would respond “J”).
 - i. Response options: **Dropdown list with A-Z**
 - b. What is the **day** of your birthday (*not* year or month)? (for example, if my birthday is January 11th I would respond “11”)
 - i. Response options: **Dropdown list with 1-31.**
 - c. What is the **last letter** of your **last name**? (for example, if my name is Jane Smith I would respond “H”)
 - i. Response options: **Dropdown list with A-Z**
2. **The following questions ask about how you feel about vaccines. There are no right or wrong answers. Please answer how true or untrue each statement is for you.**
 - a. Likert Scale: *Very untrue for me (1), Untrue for me (2), Neither true nor untrue for me (OR neutral; 3), True for me (4), Very true for me (5)*

Project Results	Survey Item
Youth have higher trust in vaccines.	I trust doctors to only recommend safe vaccines.
	I trust doctors to only provide scientifically proven vaccines.
Youth feel vaccines are safe .	I think vaccines are safe. <i>[1) Not at all safe 2) A little safe 3) Moderately safe 4) Very safe]</i>
Youth feel vaccines are important for health/disease prevention.	I think vaccines are important to prevent diseases.
	If needed, I would want to get vaccinated to protect myself from diseases.
	If needed, I would want to get vaccinated to protect other people from diseases.
Youth have intention to be vaccinated.	If given the chance, I would get vaccinated.
	I would ask my parents to let me get vaccinated.
Demographics:	How old are you? <i>[Dropdown with ages 11-18]</i>
	Are you homeschooled? <i>[Yes No]</i> What school do you go to? <i>[Open response]</i>
	What is your race? Please check all that apply. <i>[Asian Black Native American, Alaska Native, or Indigenous Pacific Islander White Something else fits better (please write _____)]</i>

	<p>Are you Hispanic, Latino/Latina/Latinx, or of Spanish Origin? <i>[Yes No]</i></p>
	<p>Do you have any illnesses or physical conditions that would make getting vaccinated difficult or dangerous? <i>[Yes No]</i></p>
	<p>I identify as a:</p> <ol style="list-style-type: none"> 1. <i>Girl/Woman</i> 2. <i>Boy/Man</i> 3. <i>Non-Binary/Genderqueer Person</i> 4. <i>Something else: _____</i> 5. <i>Prefer not to answer</i>
	<p>My Sex (assigned at birth) is:</p> <ol style="list-style-type: none"> 1. <i>Female</i> 2. <i>Male</i> 3. <i>Intersex</i> 4. <i>Prefer not to answer</i>
	<p>I have received a vaccine in the last 2 years. <i>Yes No I'm Not Sure</i></p>
	<p>I have talked to a family member or my doctor about vaccines. <i>Yes No</i></p>
	<p>I have received the Human Papillomavirus (HPV) vaccine. <i>Yes No I'm not sure</i></p>
	<p>I have received the COVID-19 vaccine. <i>Yes No I'm not sure</i></p>