

## Supplemental Information

**SUPPLEMENTAL TABLE 2** Caregiver and Child Demographic Characteristics by Response Status, *n* = 3080

	<i>n</i> Respondents (%)	<i>n</i> Nonrespondents (%)	<i>P</i>
Caregiver characteristics			
Parent race and ethnicity binary			
White, Non- Hispanic	1091 (82.0)	1268 (72.5)	<.0001
All other races and ethnicities	239 (18.0)	482 (27.5)	
Child characteristics			
Sex			
Male	698 (52.5)	911 (52.1)	.8155
Female	632 (47.5)	839 (47.9)	
Age			
5–10 y old	523 (39.3)	660 (37.7)	.6432
11–13 y old	300 (22.6)	411 (23.5)	
14–17 y old	507 (38.1)	679 (38.8)	
Number of complex chronic conditions			
1	942 (70.8)	1199 (68.5)	.1673
2 or more	388 (29.2)	551 (31.5)	
COVID-19 positive in 2020			
Yes	35 (2.6)	55 (3.1)	.4040
No	1295 (97.4)	1695 (96.9)	

**SUPPLEMENTAL TABLE 3** Selected Questions from the COVID-19 Study Survey

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14. For the next questions, please think about your child's health if they were sick with COVID-19.  
If your child was sick with COVID-19, how likely would ...  
Not at all A little Somewhat Very Extremely ○○○○○
- a. ... their health be severely affected?
25. Has your child received a COVID-19 vaccine?
- Yes
  - No Go to question 27
  - Prefer not to answer Go to question 27
  - Don't know Go to question 27
26. Has your child completed the COVID-19 vaccination series? Most COVID-19 vaccines require 2 shots.
- Yes Go to question 28
  - No Go to question 28
  - Prefer not to answer Go to question 28
  - Don't know Go to question 28
27. How likely is your child to get an approved COVID-19 vaccine when it becomes available?
- Very likely
  - Fairly likely
  - Not too likely
  - Not at all likely
  - Definitely not
  - Prefer not to answer
  - Don't know
28. The next questions are about reasons your child may or may not get a COVID-19 vaccine.  
Why would your child get a COVID-19 vaccine? Check all that apply.
- I want to keep my family safe
  - I want to keep my community safe
  - I want to keep my child safe
  - My child has a chronic health problem, like asthma or diabetes
  - My doctor told me to get my child a COVID-19 vaccine
  - I don't want my child to get really sick from COVID-19
  - I want my child to feel safe around other people
  - I believe life won't go back to normal for my child until most people get a COVID-19 vaccine
  - Other
29. Why would your child not get a COVID-19 vaccine? Check all that apply.
- My child is allergic to vaccines
  - My child does not like needles
  - I'm not concerned about my child getting really sick from COVID-19
  - I'm concerned about my child's side effects from the vaccine
  - I don't think vaccines work very well for my child
  - I don't trust that the vaccine will be safe for my child
  - I don't believe the COVID-19 pandemic is as bad as some people say it is for my child
  - I don't want to pay for a vaccine for my child
  - I don't know enough about how well a COVID-19 vaccine works for my child
  - Other
43. The following questions are about your child's health insurance coverage.  
What is the primary kind of health insurance plan or health care plan that your child has right now?  
Exclude plans that pay for only one type of service, such as nursing home care, accidents, family planning, or dental care and plans that only provide extra cash when hospitalized. Select one or more.
- Private (purchased directly or through employment)
  - Public (Medicare, Medicaid, Tricare)
  - Does NOT have health insurance
  - Prefer not to answer
  - Don't know
56. What is your child's age?
- Years old
57. What was your child's sex assigned at birth?
- Female
  - Male
  - Nonbinary
  - None of these describe child
  - Prefer not to answer
72. The next questions are about vaccinations. Have you received a COVID-19 vaccine?
- Yes
  - No Go to question 74
  - Prefer not to answer Go to question 74
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Don't know Go to question 74

73. Have you completed the COVID-19 vaccination series? Most COVID-19 vaccines require 2 shots.

Yes Go to question 75

No Go to question 75

Prefer not to answer Go to question 75

Don't know Go to question 75

80. The last questions are about you.

What is your race? Select one or more.

American Indian or Alaska Native Go to question 83

Black or African American Go to question 83

Asian Go to question 81

Native Hawaiian or Other Pacific Islander Go to question 82

White Go to question 83

Some other race, please tell us: Go to question 83

Prefer not to answer Go to question 83

81. If you identify as Asian, please check all that apply:

Japanese

Filipino

Chinese

Korean

Other Asian

82. If you identify as Native Hawaiian or Other Pacific Islander, please check all that apply:

Native Hawaiian Chuukese

Pacific Islander Kosraen

Samoa Marshallese

Tongan Palauan

Maori Pohnpeian

Fijian Yapese

Chamorro Other Pacific Islander

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

No, not of Hispanic, Latino, or Spanish origin Go to question 85 on page 16.

Yes, of Hispanic, Latino, or Spanish origin Go to question 84 on page 16.

Prefer not to answer Go to question 85 on page 16.

84. Please specify your origin:

Mexican, Mexican American, Chicano

Puerto Rican

Cuban

Another Hispanic, Latino or Spanish origin, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. Please tell us:

85. What is your age?

Years old

87. What is the highest level of education you have achieved outside or in the United States? Grades are roughly equivalent to years of school.

Have never gone to school

5th grade or less

6th to 8th grade

9th to 12th grade, no diploma

High school graduate or GED completed

Some college level, technical or vocational degree

Bachelor's degree

Other advanced degree (Master's, Doctoral degree)

Prefer not to answer

Don't know

92. In 2019, what was your total household income before taxes?

Less than \$15 000     \$50 000–\$74 999

\$15 000–\$19 999     \$75 000–\$99 999

\$20 000–\$24 999     \$100 000 and above

\$25 000–\$34 999     Prefer not to answer

\$35 000–\$49 999