



# Dyad Discussion Guide: Parent Hesitant about Teen Vaccination

**Research Objective:** Examine parents/guardians' and teens' attitudes and concerns about teens getting vaccinated against COVID-19.

**NOTE TO REVIEWERS:** The discussion guide is written in a purposefully colloquial style to better engage with participants. Question probes are below some main questions and may change. These are suggestions for the moderator to follow and will be used as deemed relevant and necessary in the natural flow of discussion. The discussion guide is developed for a 60-minute session. Moderator instructions are highlighted in **yellow** and bracketed.

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|--|-------------------|
| <b>Guidelines and Introductions</b>        | <b>7 MINUTES</b>  |
| <b>Experiences with COVID-19</b>           | <b>5 MINUTES</b>  |
| <b>Teen Healthcare Decision-Making</b>     | <b>10 MINUTES</b> |
| <b>Vaccine Intent</b>                      | <b>10 MINUTES</b> |
| <b>Motivators for COVID-19 Vaccination</b> | <b>14 MINUTES</b> |
| <b>Messaging Targeted to Teens</b>         | <b>11 MINUTES</b> |
| <b>Wrap Up</b>                             | <b>3 MINUTES</b>  |
| <b>TOTAL TIME</b>                          | <b>60 MINUTES</b> |

## **GUIDELINES AND INTRODUCTIONS (7 MINUTES)**

### **Guidelines**

Thank you for speaking with me today. My name is \_\_\_\_\_, and I work for a private research company. Today we want to get your thoughts and opinions about COVID-19.

Before we begin, I want to go over a couple of things:

- There are no wrong answers. Our whole purpose for being here is to hear what you both think. We understand that there may be questions which you might disagree about, but our goal is to create a space where you both can share your experiences and perspectives honestly and openly.
- There may be times I ask you to clarify or ask you to tell more about what you just said. This is simply to make sure I understood and accurately capture what you think, not because I'm challenging your point of view.
- Your participation is voluntary. If I ask any questions you do not wish to answer, you do not have to answer them.
- Nothing you say will be tied back to you. Your name and any identifying information will not be used in any of our reports.

- There are some other people listening in who are helping me take notes so that I can fully focus on our conversation and be respectful of your time. At the end of the interview, they might have a couple of clarifying questions for us.
- I'll be video recording our conversation; it will only be used to confirm our notes. Only the research staff will have access to this taping and no personally identifiable information will be used in connection with the recording. Do you agree to be recorded? **[ASK FOR AGREEMENT THROUGH A SHOW OF HANDS OR HEAD NOD.]** I am going to start the recording now.
- Our discussion should take no more than 1 hour. I appreciate the time that you've planned to be here, and I want to be respectful of that, so I may interrupt us so that we stay on track.

Do you have any questions before we begin?

### **Introductions/Ice Breaker**

I'd like to start by getting to know both of you a bit better.

- **[TEEN]: What is your name? How old are you, and what grade will you be going into in the fall (if applicable)? What are your favorite things to do in your free time?**
- **[PARENT]: What is your name? What do you enjoy doing in your free time?**

**[MODERATOR: FOCUS ON THE BOLDDED QUESTIONS. QUESTIONS IDENTIFIED AS PROBES SHOULD BE USED AS NEEDED TO OBTAIN/CLARIFY INFORMATION. SUBQUESTIONS NOT IDENTIFIED AS PROBES SHOULD BE ASKED AS TIME PERMITS.]**

**[MODERATOR: SOME QUESTIONS ARE ADDRESSED DIRECTLY TO THE PARENT OR TEEN. ALL OTHER QUESTIONS SHOULD BE ASKED TO BOTH. PLEASE MAKE EVERY EFFORT TO HAVE BOTH PARENT AND TEEN RESPOND TO JOINT QUESTIONS.]**

## **EXPERIENCES WITH COVID-19 (5 MINUTES)**

Thank you for sharing. Before we begin, I'd like to confirm something.

- **You were asked to participate in this interview because you indicated that [TEEN] had not received a COVID-19 vaccine. Is that still true?**  
**[MODERATOR: IF TEEN IS VACCINATED, THANK THEM FOR THEIR TIME AND TERMINATE INTERVIEW.]**

Thank you. Now I'd like you to think about COVID-19.

- **What is the top thing on your mind when it comes to the current state of the COVID-19 pandemic?**
- **How has the pandemic affected you and your family's day to day life?**
- **[TEEN], how have your relationships with friends and family changed since the start of the COVID-19 pandemic?**
- **Have you or anyone you know personally ever been diagnosed with COVID-19? [IF YES, PROBE LIGHTLY FOR WHO THEY KNOW WHO HAS BEEN DIAGNOSED WITH COVID-19—SELF? FAMILY MEMBER? FRIEND?—AND WHAT WAS THEIR EXPERIENCE.]**
- **How concerned are you about getting COVID-19? [PROBE ON REASONS WHY CONCERNED OR NOT.]**
  - How concerned are you about your family getting COVID-19? Friends?
  - Have your concerns about getting COVID-19 changed since learning about new variants of the virus? **[PROBE]:** What have you heard about the variants?

## **TEEN HEALTHCARE DECISION-MAKING (10 MINUTES)**

Let's talk a bit about your general experience with healthcare.

- **How often do you have conversations with each other about health-related topics? This could be things like eating healthy foods, staying active, or scheduling and attending routine doctor's appointments.**
  - **[PROBE]:** What kinds of things do you talk about?
- **When it comes to making decisions about [TEEN'S] healthcare, can you tell me what that decision-making process looks like?**
  - For example, what kinds of things do you discuss? Who is involved in the discussion? Do you talk with anyone outside of your family?

- Who typically attends [TEEN'S] doctor's appointments?
- **How important do you feel it is to discuss healthcare decisions together, especially about [TEEN'S] health?**
- **[TEEN], where do you usually get health-related information, outside of your parents?**
- **Have you had any conversations about health and hygiene during the COVID-19 pandemic?**
  - [PROBE]: Have you talked about preventive measures like wearing masks and practicing social distancing?
- **Is [TEEN] up to date on routine vaccines, such as the measles/mumps/rubella (MMR) vaccine, the human papillomavirus vaccination (HPV), or the annual flu vaccine?**
  - [IF YES FOR SOME OR ALL]: Did you get the vaccine(s) when they were recommended to you by [TEEN'S] doctor? Why or why not?
  - [IF WAITED TO GET VACCINES]: What were your reasons for waiting to get [TEEN] the vaccine(s)?
  - What questions or concerns did you have about the vaccine(s)?
  - **[PROMPT TEEN TO RESPOND ABOUT THEIR OWN QUESTIONS/CONCERNS IF THEY DO NOT PROVIDE A RESPONSE.]**
  - What helped you make the decision about whether [TEEN] should receive this vaccine?
  - [If not mentioned above]: How often does [TEEN] get an annual flu shot? What are the reasons you usually do or don't get the flu vaccine?

### **VACCINE INTENT (10 MINUTES)**

Now I'd like to talk more about COVID-19 vaccines.

- **What, if any, conversations have you had with each other about the COVID-19 vaccines available in the U.S. right now?**
  - What have you discussed?
- **[PARENT], have you received a COVID-19 vaccine?**
  - IF YES – ASK **BLUE** QUESTIONS.
  - IF NO – ASK **GREEN** QUESTIONS.

**[IF PARENT IS VACCINATED, ASK]:**

- **[PARENT], how soon did you get vaccinated once you were eligible for a vaccine?**
  - What motivated you to decide to get vaccinated? (E.g., specific information/data, recommendation from trusted source, desire to stop taking preventive measures, number of cases locally, etc.)
  - [IF PARENT WAITED TO GET VACCINATED]: What were some of the reasons you waited to get vaccinated for COVID-19? [PROBE IF NOT MENTIONED]: Were there any logistical challenges that prevented you from going to get vaccinated as soon as you were eligible? (E.g., work schedule, transportation, etc.)
  - How difficult was it to make that decision? What were your concerns about getting vaccinated, if any?
  - What was your experience like? Did you have any side effects?
  - How does your experience getting vaccinated impact your views toward [TEEN] getting vaccinated?
  - [IF PARENT HAS A CHILD YOUNGER THAN AGE 12, I.E. NOT ELIGIBLE FOR VACCINE]: How motivated were you, if at all, to get vaccinated to help protect your child who is not yet eligible to get a COVID-19 vaccine?
- **[PARENT], has anyone else in your immediate family received a vaccine?**
  - [IF YES]: How did your family members getting vaccinated impact your decision to get vaccinated?
  - Since getting vaccinated, have you discussed or recommended the vaccine to other parents or teens?

**[IF PARENT IS UNVACCINATED, ASK]:**

- **[PARENT], how likely are you to get vaccinated?**
  - [PROBE IF NECESSARY]: What are some of the reasons you are waiting to get vaccinated?
  - How long do you intend to wait to get vaccinated?
  - What are some of the things on your mind when you're deciding if and when to get vaccinated?
  - Has anyone in your immediate family received a vaccine? How has this impacted your decision to wait to get vaccinated?
  - [IF PARENT HAS A CHILD YOUNGER THAN AGE 12, I.E. NOT ELIGIBLE FOR VACCINE]: How motivated are you, if at all, to get vaccinated to help protect your child who is not yet eligible to get a COVID-19 vaccine?

**[RESUME FOR ALL]**

- **Now that [TEEN] is eligible for a COVID-19 vaccine, how soon would [TEEN] get vaccinated?**

[PROBE IF NECESSARY]: What are some of the reasons for waiting to get [TEEN] vaccinated? [PROBE FURTHER IF REASONS FOR WAITING

TO GET CHILD VACCINATED ARE DIFFERENT THAN THOSE FOR PARENT.]

- How long do you intend to wait to get [TEEN] vaccinated?
- [BOTH], what are some of the things on your minds when you're deciding if and when [TEEN] will get vaccinated?
- What questions or concerns do you have about getting [TEEN] a COVID-19 vaccine? **[PROBE IF CONCERNS WERE DIFFERENT FOR TEEN COMPARED TO PARENT. PROMPT TEEN TO RESPOND ABOUT THEIR OWN QUESTIONS/CONCERNS IF THEY DO NOT PROVIDE A RESPONSE.]**

- **[PARENT], what would make you more likely to get a COVID-19 vaccine for your child? [PROBE IF NOT MENTIONED]: Specific information/data, FDA approval, recommendation from trusted source, number of cases locally, vaccine mandates for certain activities, etc.**

### **MOTIVATORS FOR COVID-19 VACCINATION (14 MINUTES)**

Let's talk now about where you go to find information about COVID-19 vaccines.

- **Who do you trust most to provide you with accurate information about COVID-19 and vaccines?**
  - What makes you trust them?
- **Would recommendations from people you trust affect your decision about whether to get [TEEN] a COVID-19 vaccine? [PROBE FOR WHO IF NOT MENTIONED.]**
  - [PROBE]: What about your primary care doctor or pediatrician? Other medical professionals? Friends? Family members? School administrators or teachers?

[TEEN], I'd like to talk now about any in-person activities you've been doing this summer. This may include summer camps, sports, or just hanging out with friends.

- **How often do you participate in in-person events or activities?**
- **[BOTH], how concerned are you about the risk of [TEEN] getting COVID-19 when [he/she/they] is attending in-person activities?**
  - What measures do you take to help prevent [TEEN] from getting COVID-19 when attending in-person activities?
- **[TEEN], has there ever been a time when you have not been able or allowed to participate in an in-person activity because you are not vaccinated?**
  - [IF YES]: [TEEN], how did that make you feel?

- [BOTH], does that make you more or less likely to consider getting [TEEN] a COVID-19 vaccine?
- **[TEEN], have you and your friends talked about COVID-19? What are those conversations like?**
- **Do you know of teens in your social circle – friends, family, classmates – who have gotten a COVID-19 vaccine?**
  - [TEEN], how does that affect your feelings about getting vaccinated?
  - [PARENT], how does that affect your feelings about [TEEN] getting vaccinated?
- **Thinking ahead to the fall, will [TEEN] be attending school in-person or virtually?**
  - How does this impact your thoughts about getting [TEEN] a COVID-19 vaccine?
  - Does [TEEN'S] school require students to be vaccinated against COVID-19 to attend in-person?
  - Would a school requirement to have [TEEN] vaccinated make you more or less likely to consider getting [TEEN] a COVID-19 vaccine?

### **CREATIVE TESTING/MESSAGING TARGETED TO TEENS (11 MINUTES)**

In our last few minutes, I'd like to ask about advertisements you may have seen about COVID-19.

- **What ads have you seen about getting a COVID-19 vaccine, if any? Where have you seen or heard these ads?**
- **[PARENT], what are your thoughts about COVID-19 vaccine ads aimed specifically to parents?**
- **[TEEN], how would you feel if you saw a COVID-19 vaccine ad that was targeted specifically to teenagers? This could be an ad from a doctor, an influencer, a celebrity, the government, or someone else.**

Now I'd like to get [TEEN]'s reactions to a couple of advertisements that you may have seen on television or social media. I just want to get your general thoughts about them.

**[MODERATOR: SHOW AD 1.]**

**[MODERATOR NOTE: WE ARE SPECIFICALLY INTERESTED IN GETTING THE TEEN'S REACTIONS TO THESE ADS. PLEASE MAKE SURE TEEN RESPONDS TO MOST OF THE QUESTIONS BELOW.]**

- **What is your overall reaction to the ad?**
- **What, if anything, grabbed your attention?**
  - [PROBE]: Music? Colors used? People in ad? Clear messaging?
- **Who was this ad made for?**
  - Does this speak to you specifically? Would it speak to your family/friends?
- **What does this ad want you to do?**
- **What does this ad want you to believe?**
- **How does this ad make you feel about getting a COVID-19 vaccine?**

Now want to show you another ad and get your thoughts.

**[MODERATOR: SHOW AD 2]**

- **What is your overall reaction to the ad?**
- **What, if anything, grabbed your attention?**
  - [PROBE] Music? Colors used? People in ad? Clear messaging?
- **Who was this ad made for?**
  - Does this speak to you specifically? Would it speak to your family/friends?
- **What does this ad want you to do?**
- **What does this ad want you to believe?**
- **How does this ad make you feel about getting a COVID-19 vaccine?**
- **Now, thinking about both ads, what did you like most about these ads?**



- **If these ads were trying to reach you, what would you change about them to make them more effective?**

### **WRAP-UP (3 MIN)**

- Those are all the questions I have for you. I just want to check to see if any of my colleagues have any final questions.
- Is there anything you would like to share that you have not had the chance to before we wrap up?
- Thank you very much for participating in this discussion. I appreciate your time, and your feedback has been extremely helpful. Please remember not to share anything we've discussed here today.