Appendix 1: Measure Details

Mitigation Behaviors. Evidence-based VRI mitigation behaviors were reported from 7 items referencing the past 7 days. These items corresponded to CDC guidelines for reducing the community transmission of COVID-19 (CDC, 2020), apply to other viral illnesses such as seasonal flu and RSV, and have been worded to reflect an 8th-grade reading level: 2 items index mask-wearing, 1 item indexes social distancing, 2 items index hand-washing, and 2 items index sanitizing surfaces. See Table 2 for item wording. Response options were a Likert-type, behaviorally anchored scale which ranged from 0 to 4: 0 - *Never, 0 days*; 1 - *Rarely, 1-2 days*; 2 - *Sometimes, 3-4 days*, 3 - *Often, 5-6 days*, and 4 - *Always, 7 days*. Participants also had the option to select "*Does not apply*" and "*I prefer not to answer*". The individual items and the overall scale are treated as continuous in analysis.

Demographic Characteristics. Participant age was measured in years and treated as continuous. Urbanicity was captured with the following question: "How would you describe the city in which you live?" with 5 ordinal categories as response choices: 1 – *Rural (e.g., town less than 2,500 people)*; 2 – *Semi-rural (e.g., town more than 2,500 people but less than 20,000 people)*; 3 – *Suburban (e.g., city or town more than 20,000 people but less than 250,000 people)*; 4 – *Urban (e.g., city more than 250,000 people but less than 1,000,000 people)*; 5 – *Major metropolitan area (e.g., city more than 1,000,000 people)*. Responses are treated as continuous in analysis. Essential worker status was measured with the following item: "Are you an essential employee?". Responses were *yes*, *no*, "*I prefer not to answer*", and "*Do not work full time*". Responses are treated dichotomously, with *yes* responses compared to all other categories collapsed. Ethnicity was measured dichotomously (Hispanic and Non-Hispanic), and race (i.e., social stratification based on minoritization in a white supremacist context) was measured as mutually exclusive categories: *white only*; *Black / African American only*; *Indigenous / American Indian / Native Alaskan only*; *Asian / Asian-American / Pacific Islander / Native Hawaiian only*; *some other race only*; and *Multiracial*. Responses are treated categorically in analysis.

Hypothesized Predictors of Mitigation Scale. Given that we examined these behaviors within the context of the COVID-19 pandemic, we predicted that two antecedent indicators would correlate with the newly created scale: perceived understanding of how to reduce COVID-19 risk, and the source of COVID-19 guidance on which the participant primarily relied. Understanding of risk-reducing behaviors was measured with one item in which participants answered how often they have agreed with the statement: "I understand the actions I should take to reduce my risk of getting sick from the coronavirus/COVID19." Responses ranged from 0 to 4 (*Never* to *Always*). Source of COVID-19 health information was coded using an item that asked participants to select their top three sources of health information regarding COVID-19/coronavirus. There were 10 possible sources to choose from: *My health care provider (e.g., doctor or nurse); Other health care source (e.g., hospital, pharmacy); President's press conferences; Governor's press conferences; Other government source (e.g., CDC, department of public health [DPH]); My friends and family; My religious leader or institution; My employer; Other, write in; and I prefer not to answer*. These indicators were collapsed into 4 categories: *individual healthcare sources* (e.g., doctor, nurses, hospital, pharmacy); *governmental sources* (Governor or President's press conferences); *public health agencies* (e.g., CDC, DPH); and their *social network* (e.g., friends, family, employer, religious leaders). Preliminary descriptive analyses identified public health agencies (64%) and individual healthcare sources (70%) as the

most common sources of COVID-19 information. Each source category is treated as dichotomous in analysis.

Attitudes and Behaviors Regarding the COVID-19 Pandemic. Other pandemic-related attitudes and behaviors included 2 behavioral indicators ("*I let family and friends visit*", and "*I am living my life as I did before the COVID pandemic*") and 1 attitudinal indicator ("*I am having difficulty continuing on with COVID-19 public health measures (for example: 'stay-at-home' orders, mask wearing, social distancing)*"), each of which was measured on the same behavioral scale, from 0 – *Never* to 4 – *Always.* We also asked whether the participant intended to receive the COVID-19 vaccination when it became available to them; this item was treated as dichotomous in analysis.

Other Health Behaviors. Other health-promoting behaviors were reported by participants as how often the participant engaged in that behavior over the past 7 days, from 0 – *Never* to 4 – *Always*). Items index 2 general behaviors ("*I take care of my physical health and well-being as I always have*" and "*I pay attention to healthy nutrition when I make food choices*") and 4 specific behaviors ("*I drink alcohol*", "*I smoke cigarettes*", "*I drink sugary drinks (e.g., soda, flavored juices)*", and "*I eat sweets (e.g., cookies, candy)*"). Responses to each item were treated as continuous in analysis.