

Supplementary material: Survey questionnaire

Dear Participant,

With the rise of public interest and concerns around the new COVID-19 vaccines, it is important for our Public Health scientific community to understand which factors influence vaccination compliance. To this end, we have prepared a short survey, where you can anonymously express your opinion about the COVID-19 vaccination.

This survey focuses on the United States of America only. Please fill it only if you are living in the USA. The survey should guide the decision-makers to adapt their public health strategy.

We will be grateful if you will dedicate, in a voluntary and anonymous manner, five minutes to address the following 12 questions.

* At the end of the questionnaire, you need to submit it by clicking on "Submit".

Thanks for taking a part in this survey.

Stay safe,

The Investigators

Prof. Abraham Seidmann, Boston University, Boston, MA, USA; Dr. Arriel Benis, Holon Institute of Technology, Holon, Israel; Prof. Shai Ashkenazi, Ariel University, Israel

This survey has been granted by the relevant Ethics Committee of the Holon Institute of Technology (<https://www.hit.ac.il/en/>).

By moving to the next page of this survey, I hereby certify that I am over eighteen (18) years of age and I agree to take part in it.

1. Will you recommend the COVID-19 immunization to your friends and family?
 - Yes
 - No
 - Maybe
2. Will you (or did you) take the COVID-19 vaccine?
 - Yes
 - No
 - Maybe

3. Please explain your motivation to vaccinate or not

	Completely disagree	Somewhat disagree	Neutral/ No opinion	Somewhat agree	Completely agree
Fear of the COVID-19 disease					
To protect my family and our relatives					
Confidence in our healthcare providers					
Confidence in our pharmaceutical industry					
The COVID-19 vaccines are revolutionary and use innovative technology					
Employer recommends / demands					
Confidence in governmental leadership's guidance					
It is my civic responsibility to take this vaccine					
Myself or relatives got sick with COVID-19					
Free of charge					

4. Are you, or any close members of your family, at high risk of COVID-19 complications (due to Obesity, Cardiovascular disease, Respiratory disease, or any other chronic disease)?

- Yes
- No
- Prefer to not say

5. Were you, or one of your relatives, positively diagnosed with COVID-19?

- Yes
- No

6. What is your age group (in years)?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

7. What is your gender?

- Woman
- Man
- Non-binary
- Prefer to not say
- Other

8. What is your marital status?

- Single
- Married / Civil Union
- Separated / Divorced

- Widowed
- Prefer not to say

9. How many children do you have?

- 0
- 1
- 2
- 3
- 4 and more

10. What is your education level?

- Less than high school
- High school or some college
- Bachelor's degree
- Postgraduate degree
- Prefer to not say

11. What is your state of residence?

- | | | |
|----------------------|-----------------------|-----------------------|
| • Alabama (AL) | • Louisiana (LA) | • Ohio (OH) |
| • Alaska (AK) | • Maine (ME) | • Oklahoma (OK) |
| • Arizona (AZ) | • Maryland (MD) | • Oregon (OR) |
| • Arkansas (AR) | • Massachusetts (MA) | • Pennsylvania (PA) |
| • California (CA) | • Michigan (MI) | • Puerto Rico (PR) |
| • Colorado (CO) | • Minnesota (MN) | • Rhode Island (RI) |
| • Connecticut (CT) | • Mississippi (MS) | • South Carolina (SC) |
| • Delaware (DE) | • Missouri (MO) | • South Dakota (SD) |
| • Washington DC (DC) | • Montana (MT) | • Tennessee (TN) |
| • Florida (FL) | • Nebraska (NE) | • Texas (TX) |
| • Georgia (GA) | • Nevada (NV) | • Utah (UT) |
| • Hawaii (HI) | • New Hampshire (NH) | • Vermont (VT) |
| • Idaho (ID) | • New Jersey (NJ) | • Virginia (VA) |
| • Illinois (IL) | • New Mexico (NM) | • Washington (WA) |
| • Indiana (IN) | • New York (NY) | • West Virginia (WV) |
| • Iowa (IA) | • North Carolina (NC) | • Wisconsin (WI) |
| • Kansas (KA) | • North Dakota (ND) | • Wyoming (WY) |
| • Kentucky (KY) | | |

12. To which race/ethnicity are you related? (categories according to the US Census Bureau)

- White
- Black or African American
- American Indian and Alaska Native
- Asian
- Native Hawaiian and other Pacific Islander
- Two or more races
- Hispanic or Latino
- Prefer not to say