

# Determinants of COVID-19 vaccine hesitancy:

## Miami ACTION Cohort Study

Authors: Deborah L Jones PhD, MEd; Maria L Alcaide MD

Introduction: I am going to ask you some general questions about vaccines.

1. I am going to read a list of statements. Please tell me how much you agree with them.

The responses for these questions are: 1= strongly agree, 2= agree, 3= neutral, 4= disagree, 5= strongly disagree. Please indicate your response using this scale

	1= strongly agree	2= agree	3= neutral	4= disagree	5= strongly disagree
a. Vaccination is important for my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Vaccines are effective in preventing disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Getting vaccinated is important for my health and the health of others in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. All vaccines offered by the government program in my community are important for good health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. New vaccines carry more risks than older vaccines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The information I receive about vaccines from the vaccine program is reliable and trustworthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Generally, I do what my doctor or health care provider recommends about vaccines for my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am concerned about serious adverse effects of vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I do not need vaccines for coronavirus as it will disappear soon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Getting vaccines is a good way to protect myself from disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now I am going to ask you some general questions about a vaccine being developed that could prevent COVID-19. I am going to read a list of statements. Please tell me your opinion. The responses for these questions are yes, no, or I am not sure.

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2. Do you believe a vaccine could be an effective way to prevent a COVID-19 infection?

Yes  
 No  
 I am unsure

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3. If a vaccine to prevent COVID-19 infection was available would you get vaccinated?

Yes  
 No  
 I am unsure

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3B. You indicated that you would not be interested in getting a COVID-19 vaccine, which of the following comes closest to your opinion. Select all that apply:

a. I am concern of the quality of the vaccine as side effects are unknown  
 b. Reports I have heard/read in the media make me unsure about getting vaccinated  
 c. My religion does not allow vaccinations  
 d. I do not trust the government or the people who are developing the vaccines  
 e. The time and effort of traveling to the doctor is not worth it to be vaccinated  
 f. I do not think the vaccine will work to protect me from infection  
 g. I am afraid of injections  
 h. I already had COVID-19  
 i. I cannot afford to pay for a vaccine

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You indicated that you are unsure about getting a COVID-19 vaccine, which of the following comes closest to your opinion. Select all that apply:

a. I am concern of the quality of the vaccine as side effects are unknown  
 b. Reports I have heard/read in the media make me unsure about getting vaccinated  
 c. My religion does not allow vaccinations  
 d. I do not trust the government or the people who are developing the vaccines  
 e. The time and effort of traveling to the doctor is not worth it to be vaccinated  
 f. I do not think the vaccine will work to protect me from infection  
 g. I am afraid of injections  
 h. I already had COVID-19  
 i. I cannot afford to pay for a vaccine

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4. If your doctor or another health professional recommended that you get the COVID-19 vaccine, would you get vaccinated?

Yes  
 No  
 I am unsure

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5. Do you feel that your current health status or other health conditions would make it unsafe to get a COVID-19 vaccine?

Yes  
 No  
 I am unsure

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6. Do you feel that your current health status or other health conditions make it important for you to get a COVID-19 vaccine?

Yes  
 No  
 I am unsure

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7. If getting vaccinated was a requirement to go back to your daily activities (working, traveling, public places), would you get vaccinated?

Yes  
 No  
 I am unsure

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8. Do you feel that healthcare professionals, government, local authorities or leaders may force you into getting vaccinated?

Yes  
 No  
 I am unsure

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9. Have any of the following people died from the Coronavirus/COV-19? (Select all that apply)

- a. Romantic Partner
- b. Child
- c. Grandchild
- d. Sister
- e. Brother
- f. Niece
- g. Nephew
- h. Cousin
- i. Mother
- j. Father
- k. Aunt
- l. Uncle
- m. Grandmother
- n. Grandfather
- o. Friend
- p. Neighbor
- q. Someone else you know
- r. No one I know has died from the Coronavirus
- s. I choose not to answer

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Please specify:

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