

COVID-19 Vaccine Perspectives

Please complete the survey below.

Thank you!

COVID-19 VACCINE PERSPECTIVES

Thank you for taking the time to complete this brief survey on your thoughts on the COVID-19 vaccine. We are collecting this information to better understand the reasons why you may or may not feel comfortable receiving the COVID-19 vaccine. All of your responses will be kept confidential, and will not impact the outcome of whether you choose to get vaccinated or not.

In relation to vaccines, including the COVID-19 vaccine, please answer to what degree you agree or disagree to the following statements:

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
Vaccines are important for my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccines are a good way to protect myself from disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, vaccines are safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of injections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe in natural or traditional cures instead of vaccines and medical treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am against vaccination in general.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have religious reasons for not getting vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The history of racial/ethnic abuse in science research influences my view on vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust vaccines to be well researched and do no harm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting vaccinated is important for the health of others in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust information I get about vaccines from public health leaders or my healthcare provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about serious adverse effects of vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
New vaccines carry more risk than older vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mostly, I do what my doctor or health care provider recommends about vaccines for myself and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my racial/ethnic group cannot trust doctors and healthcare workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors have the best interests of people of my racial/ethnic group in mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have personally been treated badly or unfairly by doctors or healthcare workers because of my race/ethnicity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A coronavirus (COVID-19) vaccine will protect me from COVID-19 disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the scientific research process for creating new COVID-19 vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the COVID-19 vaccine may not be safe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my racial/ethnic group should not trust the new COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like the COVID-19 vaccine is being tested on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For males or females: I am worried the COVID-19 vaccine might impact my fertility/ability to have children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to see more long-term success of the effect of the COVID-19 vaccine before I get it myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When the coronavirus (COVID-19) vaccine becomes available: (please select one answer)

- I have already received the COVID-19 vaccine
- I intend to get it as soon as possible
- I intend to wait and see how it affects others before I get it
- I do not intend on getting it soon, but might sometime in the future
- I do not intend to ever get the vaccine

Please explain your decision to get the vaccine as soon as possible (select all that apply)

- I want to protect my family
 I want to protect my community
 I want to protect myself
 I have a chronic health condition
 My doctor recommends vaccines
 Other

Please specify _____

If you plan to delay or not receive a COVID-19 vaccine, what are some reasons? (select all that apply)

- I am sure there will be other effective treatments soon
 I do not yet know enough about the vaccine to make a decision
 I want to gain natural immunity to the virus that causes COVID-19
 Development of the vaccine may be rushed and the vaccine may not be thoroughly tested
 I think COVID-19 vaccine may not be safe
 I believe vaccines may give you the disease they are designed to protect against
 I cannot be bothered to get vaccine
 Concern about side effects/ bad reaction
 Fear of needles
 Getting the vaccine will be inconvenient
 I don't think that COVID-19 is dangerous to my health
 I think the COVID-19 vaccine is intended to make me sick
 Other

Please specify _____

As far as you know, would your employer want you to have the coronavirus vaccination?

- Yes
 No
 Don't know

	Very likely	Moderately likely	Neither likely or unlikely	Moderately unlikely	Very unlikely
If a COVID vaccine becomes required by your employer, rate how likely you are willing to receive it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you completely answer all the questions on this page that you intended to?

- Yes
 No