

# Vaccine Confidence Survey Question Bank

Select questions that are relevant to the population or study design



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



**U.S. Vaccine Confidence Survey Question Bank**  
**Domain: Demographic**

ITEM CONSTRUCT	(A) CORE ITEMS FOR <i>ADULTS</i> WHO HAVE <i>NOT YET BEEN</i> VACCINATED	(B) CORE ITEMS FOR <i>ADULTS</i> WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR <i>HCP</i> WHO HAVE <i>NOT YET BEEN</i> VACCINATED	(D) CORE ITEMS FOR <i>HCP</i> WHO HAVE BEEN VACCINATED
1. Age	How old are you? _____ years	Same	Same	Same
2. Sex	What sex were you assigned at birth, on your original birth certificate?  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Rather not say <input type="checkbox"/> I don't know	Same	Same	Same
3. Gender	Do you currently describe yourself as male, female, or transgender?  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> None of these _____	Same	Same	Same
4. Ethnicity	What is your ethnicity?  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other (Please specify): _____	Same	Same	Same

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5. Race	What is your race? (Select all that apply.)  <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Something else <input type="checkbox"/> Don't want to say	Same	Same	Same
6. Sexual Orientation	Which of the following best represents how you think of yourself?  <input type="checkbox"/> Gay/lesbian or gay <input type="checkbox"/> Straight, that is, not gay/lesbian or gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> I don't know the answer	Same	Same	Same
7. Language	How well do you speak English?  <input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very well  What is your primary spoken language? <input type="checkbox"/> Please specify: _____	Same	Same	Same

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8. Geography	What best characterizes the area where you live? <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	Same	Same	Same
9. Geography	What is your zip code? _____	Same	Same	Same
10. Nativity	In what country were you born?	Same	Same	Same
11. Education	What is the highest level of education you completed? <input type="checkbox"/> Less than high school <input type="checkbox"/> High school or equivalent (e.g., GED) <input type="checkbox"/> Some college, including associate degree or trade school <input type="checkbox"/> Bachelor's degree or higher	Same	Same	Same
12. Employment Status	Which of the following describes your employment status right now? <input type="checkbox"/> Working remotely only <input type="checkbox"/> Working in person only <input type="checkbox"/> Working both remotely and in person <input type="checkbox"/> Not working – temporarily laid off or furloughed <input type="checkbox"/> Not working – voluntary leave of absence or sabbatical <input type="checkbox"/> Not working – permanently laid off <input type="checkbox"/> Not working – retired <input type="checkbox"/> Not working – student <input type="checkbox"/> Not working – other			

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13. Industry	<p>Which of the following best describes your current industry?*</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agriculture, forestry, fishing, hunting, or mining</li> <li><input type="checkbox"/> Construction</li> <li><input type="checkbox"/> Manufacturing (including food manufacturing or processing)</li> <li><input type="checkbox"/> Wholesale trade</li> <li><input type="checkbox"/> Retail trade</li> <li><input type="checkbox"/> Transportation or warehousing</li> <li><input type="checkbox"/> Utilities</li> <li><input type="checkbox"/> Information (e.g. media and telecommunications)</li> <li><input type="checkbox"/> Finance, insurance, real estate, rental, or leasing</li> <li><input type="checkbox"/> Professional, scientific and technical services</li> <li><input type="checkbox"/> Management or administrative</li> <li><input type="checkbox"/> Waste management</li> <li><input type="checkbox"/> Educational services</li> <li><input type="checkbox"/> Health care</li> <li><input type="checkbox"/> Social assistance (e.g. community food and housing, social services)</li> <li><input type="checkbox"/> Arts, entertainment, or recreational services</li> <li><input type="checkbox"/> Food service</li> <li><input type="checkbox"/> Other services (e.g., automotive repair, hairstyling)</li> <li><input type="checkbox"/> Public administration</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>*Only if selected one of the "working" categories in previous question.</p>		Same	Same

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14. Work Category	<p>Which of the following best describes your current industry?*</p> <p><input type="checkbox"/> (1) Provide direct medical care to patients (e.g., physician, nurse, physician assistant, dentist, therapist, home healthcare provider or worker, or emergency responder)</p> <p><input type="checkbox"/> (2) Do not provide direct medical care to patients, but work or volunteer in a healthcare facility (e.g., patient transport driver, administrator, janitor, food preparer, volunteer, or other in a hospital, doctor’s office, dentist’s office, clinic, nursing home, or residential care home)</p> <p><input type="checkbox"/> Frontline essential worker (worker who regularly comes into contact with the public, such as firefighter, police officer, corrections officer, food and agricultural worker, United States Postal Service worker, manufacturing worker, grocery store worker, public transit worker, taxi/rideshare driver, or work in the educational sector [teacher, support staff, or day care worker], etc.)</p> <p><input type="checkbox"/> Non-frontline essential worker (worker who does not regularly come into contact with the public but works in a critical industry, such as transportation and logistics, food service, housing construction, finance, information technology, communications, energy, law, media, public safety, waste and wastewater, public health, etc.)</p> <p><input type="checkbox"/> Other work or volunteer activities</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Rather not say</p>		<p>Same</p> <p>If (1) or (2), respondents will receive HCP questions.</p>	<p>Same</p> <p>If (1) or (2), respondents will receive HCP questions.</p>

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15. Health Worker Role	N/A	N/A	What is your current role? <input type="checkbox"/> Physician (MD/DO) <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Allied health (e.g., MAs, tech, CNAs) <input type="checkbox"/> Community health worker <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other health worker _____	What is your current role? <input type="checkbox"/> Physician (MD/DO) <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Allied health (e.g., MAs, tech, CNAs) <input type="checkbox"/> Community health worker <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other health worker _____
16. Health Worker Setting	N/A	N/A	Do you currently work in any of the following locations? (Select all that apply.) <input type="checkbox"/> Hospital <input type="checkbox"/> Physician's office, or other non-hospital setting (e.g. medical clinic, urgent care outpatient surgery center, or any other outpatient or ambulatory care setting) <input type="checkbox"/> Dentist office or dental clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nursing home, assisted living facility, or other long-term care facility <input type="checkbox"/> Home health agency or home health care <input type="checkbox"/> Emergency medical service (EMS) setting (e.g., pre-hospital EMS setting, ambulance, paramedic, or patient transport service, or fire department) <input type="checkbox"/> Other _____	Same as column (C)

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17. Comorbidities or Underlying Conditions	<p>Do you have any of the following conditions? (Select all that apply.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Chronic kidney disease</li> <li><input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)</li> <li><input type="checkbox"/> Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies</li> <li><input type="checkbox"/> Obesity or severe obesity</li> <li><input type="checkbox"/> Sickle cell disease</li> <li><input type="checkbox"/> Type 2 diabetes mellitus</li> <li><input type="checkbox"/> Immunocompromised due to solid organ transplant</li> <li><input type="checkbox"/> Current smoker</li> </ul> <p><i>Note for interviewers or survey developers: This list may need to be updated as new evidence emerges. See <a href="#">here</a> for details.</i></p>	Same	Same	Same
18. Disabilities	<p>Are you deaf, or do you have serious difficulty hearing?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	Same	Same	Same
19. Disabilities	<p>Are you blind, or do you have serious difficulty seeing, even when wearing glasses?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>	Same	Same	Same



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20. Disabilities	Because of a physical or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Same	Same	Same
21. Primary Care Provider	Do you currently have a primary care provider?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Same	Same	Same
22. Medical Insurance	Are you currently covered by any form of health insurance or health plan?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Same	Same	Same
23. Medical Insurance Source	Which of the following is your main source of health insurance coverage?  <input type="checkbox"/> A plan through your employer <input type="checkbox"/> A plan through your spouse's employer <input type="checkbox"/> A plan you purchased yourself directly from an insurance company <input type="checkbox"/> A plan through the health insurance marketplace <input type="checkbox"/> A plan through your parents <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> I do not have health insurance <input type="checkbox"/> Some other source			

**Domain: COVID-19**

<b>ITEM CONSTRUCT</b>	<b>(A) CORE ITEMS FOR ADULTS WHO HAVE <i>NOT</i> YET BEEN VACCINATED</b>	<b>(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED</b>	<b>(C) CORE ITEMS FOR HCP WHO HAVE <i>NOT</i> YET BEEN VACCINATED</b>	<b>(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED</b>
24. Previously Diagnosed with COVID-19	To your knowledge, do you have or have you had COVID-19?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	Same	Same	Same
25. COVID-19 Level of Cares	IF "Yes," describe the level of care you received, or are receiving:  <input type="checkbox"/> Did not seek medical care <input type="checkbox"/> Received medical care but was not hospitalized <input type="checkbox"/> Was hospitalized	Same	Same	Same

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26. COVID-19 Mitigation –Dining attitudes, beliefs, and behaviors	<p>How likely are you to do the following in the next two weeks?</p> <p>1. Eat outside at a restaurant</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p> <p>2. Eat inside at a restaurant</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p>	Same	Same	Same
27. COVID-19 Mitigation – Social distancing attitudes, beliefs and behaviors	<p>How likely are you to do the following in the next two weeks?</p> <p>1. Maintain at least 6 feet distance from people who do not live in my home while in public spaces.</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p> <p>2. Maintain at least 6 feet distance from people who do not live in my home while at small private gatherings.</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p> <p>3. Maintain at least 6 feet distance from people at work.</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p>	Same	Same	Same

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28. COVID-19 Mitigation –Mask Wearing	<p>Suppose you had to do each of the following things in the next two weeks. How likely are you to wear a mask for each activity?</p> <p>1. Work in setting outside the home</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p> <p>2. Use public transportation, a taxi, or a ride share service</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p> <p>3. Go for a walk in your neighborhood</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p> <p>4. Shop inside a store</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p> <p>5. Visit inside a friend’s house</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p> <p>6. Visit a park or other outdoor public space</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p>	Same	Same	Same

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29. COVID-19 Morbidity and Mortality in Social Network	<p>Do you personally know anyone in your family, group of friends, or community networks who became seriously ill or died as a result of COVID-19?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Same	Same	Same
30. Vaccine Experience	<p>Have you received a COVID-19 vaccine?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Continue with this column) <input type="checkbox"/> Not sure</p>	If “Yes” and not HCP, ask questions in this column	If “No” and HCP, ask questions in this column.	If “Yes” and HCP, ask questions in this column.
31. Vaccine Experience	N/A	<p>Did you receive a vaccine product that requires only one dose or two doses?</p> <p><input type="checkbox"/> One dose <input type="checkbox"/> Two Doses <input type="checkbox"/> I don’t know</p>	N/A	<p>Did you receive a vaccine product that requires only one dose or two doses?</p> <p><input type="checkbox"/> One dose <input type="checkbox"/> Two doses <input type="checkbox"/> I don’t know</p>
32. Vaccine Experience	N/A	<p>During what month/year did you receive the <b>first</b> dose of COVID-19 vaccine?</p> <p><input type="checkbox"/> *Year _____ <input type="checkbox"/> *Month _____ <input type="checkbox"/> Not sure</p> <p><i>*Use drop-down or calendar function instead of free text. If two boxes for month and year, give “not sure” option for both</i></p>	N/A	<p>During what month/year did you receive the <b>first</b> dose of COVID-19 vaccine?</p> <p><input type="checkbox"/> *Year _____ <input type="checkbox"/> *Month _____ <input type="checkbox"/> Not sure</p> <p><i>*Use drop-down or calendar function instead of free text. If two boxes for month and year, give “not sure” option for both</i></p>

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33. Vaccine Experience	N/A	<p>During what month/year did you receive the <b>second</b> dose of COVID-19 vaccine*?</p> <p><input type="checkbox"/> **Year _____</p> <p><input type="checkbox"/> **Month _____</p> <p><input type="checkbox"/> Not sure</p> <p><i>*Only if respondent indicated they have received two or more doses.</i></p> <p><i>**Allow drop-down or calendar function instead of free text. If two boxes for month and year, give “not sure” option for both.</i></p>	N/A	<p>During what month/year did you receive the <b>second</b> dose of COVID-19 vaccine*?</p> <p><input type="checkbox"/> **Year _____</p> <p><input type="checkbox"/> **Month _____</p> <p><input type="checkbox"/> Not sure</p> <p><i>*Only if respondent indicated they have received two or more doses.</i></p> <p><i>**Allow drop-down or calendar function instead of free text. If two boxes for month and year, give “not sure” option for both.</i></p>
34. Vaccine Experience	N/A	<p>At what kind of place did you receive the most recent dose of COVID-19 vaccine?</p> <p><input type="checkbox"/> At my workplace</p> <p><input type="checkbox"/> Family physician or other physician’s office</p> <p><input type="checkbox"/> Health department clinic</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Health department clinic</p> <p><input type="checkbox"/> Free-standing retail pharmacy or drug store (e.g., Walgreens or CVS store)</p> <p><input type="checkbox"/> In-store pharmacy (e.g., CVS inside Target store, Publix pharmacy)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Not Sure</p>	N/A	<p>At what kind of place did you receive the most recent dose of COVID-19 vaccine?</p> <p><input type="checkbox"/> At my workplace</p> <p><input type="checkbox"/> Family physician or other physician’s office</p> <p><input type="checkbox"/> Health department clinic</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Health department clinic</p> <p><input type="checkbox"/> Free-standing retail pharmacy or drug store (e.g., Walgreens or CVS store)</p> <p><input type="checkbox"/> In-store pharmacy (e.g., CVS inside Target store, Publix pharmacy)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Not Sure</p>

**Domain: Practical Factors**

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
35. General Vaccination – Ease of Access	N/A	<p>How likely are you to recommend getting the COVID-19 vaccine to others?</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Extremely likely</p>		Same as column (B)
36. General Vaccination – Ease of Access	<p>How easy do you think it will be to get a COVID-19 vaccine for yourself? Would you say...</p> <p><input type="checkbox"/> Very easy</p> <p><input type="checkbox"/> Somewhat easy</p> <p><input type="checkbox"/> Somewhat difficult</p> <p><input type="checkbox"/> Very difficult</p> <p><input type="checkbox"/> Not sure</p>	<p>How easy do you think it will be to get a COVID-19 vaccine for yourself? Would you say...</p> <p><input type="checkbox"/> Very easy</p> <p><input type="checkbox"/> Somewhat easy</p> <p><input type="checkbox"/> Somewhat difficult</p> <p><input type="checkbox"/> Very difficult</p> <p><input type="checkbox"/> Not sure</p>	Same as column (A)	Same as column (B)

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37. General Vaccination – Reasons for Low Access	<p>What makes it difficult for you to get a COVID-19 vaccine? * (Select all that apply.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I can't go on my own (I have a physical limitation).</li> <li><input type="checkbox"/> It's too far away.</li> <li><input type="checkbox"/> I don't know where to go to get vaccinated.</li> <li><input type="checkbox"/> I'm not eligible to get a COVID-19 vaccine.</li> <li><input type="checkbox"/> I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past).</li> <li><input type="checkbox"/> I don't have transportation.</li> <li><input type="checkbox"/> The hours of operation are inconvenient.</li> <li><input type="checkbox"/> The waiting time is too long.</li> <li><input type="checkbox"/> It is difficult to find or make an appointment.</li> <li><input type="checkbox"/> I am too busy to get vaccinated.</li> <li><input type="checkbox"/> It was difficult to arrange for childcare.</li> <li><input type="checkbox"/> I don't have time off work.</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul> <p><i>*Skip for respondents who answered "Very easy" in previous question.</i></p>	<p>What made it difficult for you to get a COVID-19 vaccine? * (Select all that apply.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I couldn't go on my own (I have a physical limitation).</li> <li><input type="checkbox"/> It's too far away</li> <li><input type="checkbox"/> I didn't know where to go to get vaccinated.</li> <li><input type="checkbox"/> I didn't have transportation.</li> <li><input type="checkbox"/> I wasn't eligible to get a COVID-19 vaccine</li> <li><input type="checkbox"/> The hours of operation are inconvenient</li> <li><input type="checkbox"/> The waiting time was too long.</li> <li><input type="checkbox"/> It was difficult to find or make an appointment.</li> <li><input type="checkbox"/> I was too busy to get vaccinated.</li> <li><input type="checkbox"/> It was difficult to arrange for childcare.</li> <li><input type="checkbox"/> I didn't have time off work.</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul>	<p>What makes it difficult for you to get a COVID-19 vaccine? * (Select all that apply.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am concerned side effects will prevent me from going to work.</li> <li><input type="checkbox"/> I can't go on my own (I have a physical limitation)</li> <li><input type="checkbox"/> It's too far away</li> <li><input type="checkbox"/> I don't know where to go to get vaccinated.</li> <li><input type="checkbox"/> I'm not eligible to get a COVID-19 vaccine.</li> <li><input type="checkbox"/> I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past).</li> <li><input type="checkbox"/> I don't have transportation.</li> <li><input type="checkbox"/> The hours of operation are inconvenient.</li> <li><input type="checkbox"/> The waiting time is too long.</li> <li><input type="checkbox"/> It was difficult to find or make an appointment.</li> <li><input type="checkbox"/> I don't have time off work.</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul>	<p>What made it difficult for you to get a COVID-19 vaccine? * (Select all that apply.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I was concerned side effects would prevent me from going to work.</li> <li><input type="checkbox"/> I couldn't go on my own (I have a physical limitation).</li> <li><input type="checkbox"/> It was too far away.</li> <li><input type="checkbox"/> I didn't know where to go to get vaccinated.</li> <li><input type="checkbox"/> I wasn't eligible to get a COVID-19 vaccine.</li> <li><input type="checkbox"/> I didn't have transportation.</li> <li><input type="checkbox"/> The hours of operation were inconvenient.</li> <li><input type="checkbox"/> The waiting time was too long.</li> <li><input type="checkbox"/> It was difficult to find or make an appointment.</li> </ul>



## Domain: Thinking and Feeling

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
38. Perceived Risk – Self	<p>How concerned are you about getting COVID-19?</p> <p><input type="checkbox"/> Not at all concerned</p> <p><input type="checkbox"/> A little concerned</p> <p><input type="checkbox"/> Moderately concerned</p> <p><input type="checkbox"/> Very concerned</p>	<p>How concerned were you about getting COVID-19?</p> <p><input type="checkbox"/> Not at all concerned</p> <p><input type="checkbox"/> A little concerned</p> <p><input type="checkbox"/> Moderately concerned</p> <p><input type="checkbox"/> Very concerned</p>	Same as column (A)	Same as column (B)
39. COVID-19 Vaccine – Confidence in Vaccine Safety (Safe)	<p>How safe do you think a COVID-19 vaccine will be for you? Would you say...</p> <p><input type="checkbox"/> Not at all safe</p> <p><input type="checkbox"/> A little safe</p> <p><input type="checkbox"/> Moderately safe</p> <p><input type="checkbox"/> Very safe</p>	N/A	Same	N/A

**Domain: Motivation**

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
40. COVID-19 Vaccine – Intention	<p>If a COVID-19 vaccine were available to you, would you get it?</p> <p><input type="checkbox"/> Yes, would get it as soon as possible</p> <p><input type="checkbox"/> Yes, but plan to wait to get it</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>	N/A	Same as column (A)	N/A
41. COVID-19 Vaccine – Access Preference	<p>If you have a choice, at what kind of place would you prefer to get COVID-19 vaccine? *</p> <p><input type="checkbox"/> At my workplace</p> <p><input type="checkbox"/> Family physician or other physician’s office</p> <p><input type="checkbox"/> Health department clinic</p> <p><input type="checkbox"/> Other clinic, health center, or other medically related place, specify _____</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Free-standing retail pharmacy or drug store (e.g., Walgreens or CVS store)</p> <p><input type="checkbox"/> In-store pharmacy (e.g., CVS inside Target store, Publix pharmacy)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Not sure</p> <p><i>*If answered “yes” to previous question on intent.</i></p>	N/A	Same as column (A)	N/A

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
42. COVID-19 Primary Motivator	What would motivate you to get vaccinated? (Select all that apply.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Protect my health</li> <li><input type="checkbox"/> Protect health of family/friends</li> <li><input type="checkbox"/> Protect health of co-workers</li> <li><input type="checkbox"/> Protect health of community</li> <li><input type="checkbox"/> To get back to work/school</li> <li><input type="checkbox"/> To resume social activities</li> <li><input type="checkbox"/> To resume travel</li> <li><input type="checkbox"/> Because others encouraged me to get vaccinated</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul>	What would motivate you to get vaccinated? (Select all that apply.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Protect my health</li> <li><input type="checkbox"/> Protect health of family/friends</li> <li><input type="checkbox"/> Protect health of co-workers</li> <li><input type="checkbox"/> Protect health of community</li> <li><input type="checkbox"/> To get back to work/school</li> <li><input type="checkbox"/> To resume social activities</li> <li><input type="checkbox"/> To resume travel</li> <li><input type="checkbox"/> Because others encouraged me to get vaccinated</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul>	Same as column (A)	Same as column (B)
43. COVID-19 Primary Motivator	What would motivate you to get vaccinated? (Select all that apply.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Protect my health</li> <li><input type="checkbox"/> Protect health of family/friends</li> <li><input type="checkbox"/> Protect health of co-workers</li> <li><input type="checkbox"/> Protect health of community</li> <li><input type="checkbox"/> To get back to work/school</li> <li><input type="checkbox"/> To resume social activities</li> <li><input type="checkbox"/> To resume travel</li> <li><input type="checkbox"/> Because others encouraged me to get vaccinated</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul>	What would motivate you to get vaccinated? (Select all that apply.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Protect my health</li> <li><input type="checkbox"/> Protect health of family/friends</li> <li><input type="checkbox"/> Protect health of co-workers</li> <li><input type="checkbox"/> Protect health of community</li> <li><input type="checkbox"/> To get back to work/school</li> <li><input type="checkbox"/> To resume social activities</li> <li><input type="checkbox"/> To resume travel</li> <li><input type="checkbox"/> Because others encouraged me to get vaccinated</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul>	What would motivate you to get vaccinated? (Select all that apply.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Protect my health</li> <li><input type="checkbox"/> Protect health of family/friends</li> <li><input type="checkbox"/> Protect health of co-workers</li> <li><input type="checkbox"/> Protect health of community</li> <li><input type="checkbox"/> To get back to work/school</li> <li><input type="checkbox"/> To resume social activities</li> <li><input type="checkbox"/> To resume travel</li> <li><input type="checkbox"/> Because others encouraged me to get vaccinated</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul>	What would motivate you to get vaccinated? (Select all that apply.) <ul style="list-style-type: none"> <li><input type="checkbox"/> Protect my health</li> <li><input type="checkbox"/> Protect health of family/friends</li> <li><input type="checkbox"/> Protect health of co-workers</li> <li><input type="checkbox"/> Protect health of community</li> <li><input type="checkbox"/> To get back to work/school</li> <li><input type="checkbox"/> To resume social activities</li> <li><input type="checkbox"/> To resume travel</li> <li><input type="checkbox"/> Because others encouraged me to get vaccinated</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not sure</li> </ul>

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
44. COVID-19 Vaccine – Willingness to Recommend	N/A	N/A	<p>How comfortable do you feel addressing patient concerns about the COVID-19 vaccine (e.g. concerns about side effects)?</p> <p><input type="checkbox"/> Very comfortable</p> <p><input type="checkbox"/> Somewhat comfortable</p> <p><input type="checkbox"/> Comfortable</p> <p><input type="checkbox"/> Somewhat uncomfortable</p> <p><input type="checkbox"/> Very uncomfortable</p>	<p>How comfortable do you feel addressing patient concerns about the COVID-19 vaccine (e.g. concerns about side effects)?</p> <p><input type="checkbox"/> Very comfortable</p> <p><input type="checkbox"/> Somewhat comfortable</p> <p><input type="checkbox"/> Comfortable</p> <p><input type="checkbox"/> Somewhat uncomfortable</p> <p><input type="checkbox"/> Very uncomfortable</p>

## Domain: Social Processes

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
45. COVID-19 Vaccine – Workplace Norms	<p>Do you think most of the people at your work or school will get a COVID-19 vaccine, if it is recommended for them?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not sure  <input type="checkbox"/> I am not currently working or attending school.</p>	Same	Same	Same
46. COVID-19 Vaccine – Descriptive Social Norms	<p>Do you think most of your friends and family will get a COVID-19 vaccine, if it is recommended for them?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not sure</p>	Same	Same	Same
47. COVID-19 Vaccine – Descriptive Social Norms	<p>If you were to be vaccinated, how likely would you be to wear a mask in public after vaccination?</p> <p><input type="checkbox"/> Not at all likely  <input type="checkbox"/> Somewhat likely  <input type="checkbox"/> Extremely likely</p>	<p>Now that you have been vaccinated, how likely are you to stay at least 6 feet away from others in public?</p> <p><input type="checkbox"/> Not at all likely  <input type="checkbox"/> Somewhat likely  <input type="checkbox"/> Extremely likely</p>	Same as column (A)	Same

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
48. COVID-19 Vaccine – Descriptive Social Norms	<p>If you were to be vaccinated, how likely would you be to stay at least 6 feet away from others after vaccination?</p> <p><input type="checkbox"/> Not at all likely  <input type="checkbox"/> Somewhat likely  <input type="checkbox"/> Extremely likely</p>	<p>Now that you have been vaccinated, how likely are you to stay at least 6 feet away from others in public?</p> <p><input type="checkbox"/> Not at all likely  <input type="checkbox"/> Somewhat likely  <input type="checkbox"/> Extremely likely</p>	Same as column (A)	Same as column (B)
49. COVID-19 Vaccine – Descriptive Social Norms	<p>How much do you trust the public health agencies that recommend you get a COVID-19 vaccine? Would you say you trust them:</p> <p><input type="checkbox"/> Not at all  <input type="checkbox"/> A little  <input type="checkbox"/> Moderately  <input type="checkbox"/> Very Much</p>	<p>How much do you trust the public health agencies that recommended you get a COVID-19 vaccine? Would you say you trusted them:</p> <p><input type="checkbox"/> Not at all  <input type="checkbox"/> A little  <input type="checkbox"/> Moderately  <input type="checkbox"/> Very Much</p>	Same as column (A)	Same as column (B)
50. COVID-19 Vaccine – HCP Stigma	N/A	N/A	<p>Have you been treated poorly by others during the COVID-19 pandemic because you are a healthcare worker?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not sure</p>	<p>Have you been treated poorly by others during the COVID-19 pandemic because you are a healthcare worker?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not sure</p>

**Domain: Infodemic**

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
51. COVID-19 Vaccine – Infodemic	<p>Have you seen or heard any information about COVID-19 vaccines (e.g., on the news, on social media, or from friends and family) that you could not determine were true or false?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not sure</p>	<p>Prior to getting vaccinated, did you see or hear any information about COVID-19 vaccines (e.g., on the news, on social media, or from friends and family) that you could not determine were true or false?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not sure</p>	Same as column (A)	Same as column (B)
52. COVID-19 Vaccine – Too Much Information	<p>How do you feel about the amount of information on COVID-19 vaccines that you are getting?</p> <p><input type="checkbox"/> I'm not getting enough information.  <input type="checkbox"/> I'm getting enough information.  <input type="checkbox"/> I'm getting too much information.</p>	<p>Prior to getting vaccinated, how did you feel about the amount of information on COVID-19 vaccines that you were getting?</p> <p><input type="checkbox"/> I didn't get enough information.  <input type="checkbox"/> I got enough information.  <input type="checkbox"/> I got too much information.</p>	Same as column (A)	Same as column (B)
53. COVID-19 Vaccine – Ease of Information Access	<p>Do you know where to get accurate, timely information about COVID-19 vaccines?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not sure</p>	<p>Prior to getting vaccinated, did you know where to get accurate, timely information about COVID-19 vaccines?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not sure</p>	Same as column (A)	Same as column (B)

ITEM CONSTRUCT	(A) CORE ITEMS FOR ADULTS WHO HAVE NOT YET BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR HCP WHO HAVE NOT YET BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
54. COVID-19 Vaccine – Ease of Information Access	<p>Select your top 3 <i>most trusted</i> sources of information about COVID-19 vaccines:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Centers for Disease Control and Prevention (CDC)</li> <li><input type="checkbox"/> Employer</li> <li><input type="checkbox"/> Family and friends</li> <li><input type="checkbox"/> Food and Drug Administration (FDA)</li> <li><input type="checkbox"/> Health insurers</li> <li><input type="checkbox"/> Hospital system websites (e.g. Kaiser Permanente)</li> <li><input type="checkbox"/> Local health officials</li> <li><input type="checkbox"/> News sources (e.g., television, internet, and radio)</li> <li><input type="checkbox"/> Nurses</li> <li><input type="checkbox"/> Pharmacists</li> <li><input type="checkbox"/> Primary care providers</li> <li><input type="checkbox"/> Professional organization(s)</li> <li><input type="checkbox"/> Religious leader(s)</li> <li><input type="checkbox"/> State health departments</li> <li><input type="checkbox"/> Online publishers of medical information (such as WebMD or Mayo Clinic)</li> <li><input type="checkbox"/> Social media (such as Facebook, Twitter, Instagram, WhatsApp, LinkedIn, or TikTok)</li> <li><input type="checkbox"/> Union leader(s)</li> <li><input type="checkbox"/> Other</li> </ul>	Same	Same	Same