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Emergency Preparedness Research,
Evaluation, and Practice Program

Vaccine Hesitancy Survey

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*** 1. Are you a worker in any of the following categories?**

- ☐ Hospital and emergency department workers
- ☐ Nursing home, long-term care, and home health care workers
- ☐ Public health workers
- ☐ Emergency Medical Services workers
- ☐ Correctional facilities workers
- ☐ Sanitation workers
- ☐ Vaccine manufacturing workers
- ☐ Vaccine distribution workers
- ☐ Other health care workers
- ☐ Pharmacy workers
- ☐ Teachers and school staff (including childcare and K-12)
- ☐ Food processing workers
- ☐ Grocery store workers
- ☐ Postal and shipping workers
- ☐ Public transportation workers
- ☐ Private transportation workers

- ☐ Police or firefighters
- ☐ Other first responders
- ☐ Volunteer (i.e. CERT, MRC, Red Cross, etc.)
- ☐ Other (please specify)

*Screening question

Tell us about you

*** 2. Do you work in the healthcare sector?**

- ☐ Yes
- ☐ No

Continue to tell us about you

*** 3. Which title best represents you?**

- ☐ Physician (MD or DO only) or Physician Assistant (PA)
- ☐ Nurse (RN), Nurse Practitioner (NP), Certified Nurse Midwife (CNM), or Other Nurse Professional (e.g. Licensed Practical Nurse (LPN), Certified Nursing Assistants/Aides (CNA), etc.)
- ☐ Dentist or Other Dental Professional
- ☐ Pharmacist
- ☐ Social Worker/Mental Health Professional
- ☐ Other (please specify)

*** 4. What is your age category?**

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

*** 5. What is your gender?**

- ☐ Male
- ☐ Female
- ☐ Prefer to specify (please specify)

*** 6. In what state or U.S. territory do you live? [if you do not live in the USA select the option "other country" at the end of the list]**

7. What is your zip code? (use 00000 for outside the U.S.)

*** 8. What language(s) do you usually speak at home? [check all that apply]**

- ☐ English
- ☐ Spanish
- ☐ French or French Creole
- ☐ Vietnamese
- ☐ Filipino
- ☐ Portuguese or Portuguese Creole
- ☐ Chinese
- ☐ Other (please specify)

*** 9. What race/ethnicity do you consider yourself?**

- ☐ White, Non-Hispanic
- ☐ Black, Non-Hispanic
- ☐ Asian, Non-Hispanic
- ☐ 2+ races
- ☐ Hispanic
- ☐ Prefer not to say
- ☐ Other (please specify)

* 10. What is the highest level of schooling you have completed?

- ☐ Less than high school
- ☐ High school/GED
- ☐ Some college
- ☐ Bachelor's degree
- ☐ Post-graduate degree (i.e. Master, PhD, MD, etc)
- ☐ Other (please specify)

* 11. Select the employment status that best describes your current situation [select one option only]:

- ☐ I am working - paid employee
- ☐ I am working - self-employed
- ☐ I am not working - on unemployment
- ☐ I am not working - on paid leave or furloughed
- ☐ I am not working - searching for work
- ☐ I am retired
- ☐ I am not working - on disability or worker's comp
- ☐ I am not working - and not looking for a job
- ☐ Other (please specify)

* 12. During the past 12 weeks did you experience difficulties in affording food or medical care?

- ☐ Yes
- ☐ No

* 13. Do you have any of the following conditions ? [check all that apply]

- ☐ Cancer
- ☐ Severe allergies
- ☐ Seizures
- ☐ Immunocompromised state due to therapy or disease
- ☐ Autoimmune disease
- ☐ Obesity
- ☐ Diabetes (type 1 or 2)
- ☐ Cardiovascular disease
- ☐ Pulmonary disease
- ☐ Rheumatological condition
- ☐ Pregnancy

- ☐ I do not have any medical condition
☐ Other (please specify)

* 14. How concerned are you about any of the following situations?:

	Very concerned	Somewhat concerned	Not concerned
Contracting COVID-19 at work? (For example: hospital, office, and other work settings that are not your home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contracting COVID-19 outside of work? (For example: at the grocery store, when you are using transportation, or in other aspects of your daily life)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infecting your family or friends with COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your experience

* 15. Have you been diagnosed with COVID-19?

* 16. Did any of your close family members or friends experience any of the following? [Check all that apply]:

- ☐ Tested positive for COVID-19 and had no symptoms or mild symptoms
☐ Tested positive for COVID-19 and had severe symptoms
☐ Died of COVID-19
☐ Lost their job or had a salary reduction due to COVID-19
☐ None of my close family or friends experience any of the above situations

* 17. We are interested in the way other people have treated you. Can you tell us if any of the following situations ever happened to you at any time in your life?: [Check all that apply]

- ☐ You were unfairly fired or denied a job
☐ You were unfairly stopped, searched, questioned, physically threatened or abused by the police
☐ You were unfairly discouraged by a teacher or advisor from continuing your education
☐ You were unfairly prevented from moving into a neighborhood because the landlord or a realtor refused to sell or rent you a house or apartment

- ☐ You were unfairly denied a bank loan
- ☐ You received a service at a restaurant that was worse than what other people received
- ☐ You were unfairly treated by a doctor or nurse
- ☐ None of the above situations have ever happened to me

18. If any of the above situations happened to you do you think it was due to any of the following reasons?

- ☐ Your race
- ☐ Your sexual orientation
- ☐ Your gender
- ☐ Your religion
- ☐ Other reason (please specify)

*** 19. What do you think about the number of cases of COVID-19 reported in your state?**

- ☐ The number of cases being reported is much lower than the actual number of cases
- ☐ The number of cases being reported is much greater than the actual number of cases
- ☐ The number of cases being reported is somewhat accurate
- ☐ I don't know

*** 20. Have you received the Flu vaccine this year? [check only one option]**

- ☐ Yes
- ☐ No, but I will get it
- ☐ No, and do not plan to get it (explain why)

21. Were you ever recommended a vaccine by a healthcare provider that you did not take?

- ☐ Yes
- ☐ No
- ☐ I do not remember

22. If you did not take the vaccine that was recommended to you, what was/were the reason(s)? [check all reasons that applied to that situation]

- ☐ I did not think it was necessary
- ☐ I did not have enough information about the vaccine
- ☐ I did not think the vaccine was effective
- ☐ The vaccine was too expensive
- ☐ It was not logistically convenient
- ☐ I did not think the vaccine was safe
- ☐ I was concerned about the side effects

- ☐ I had a prior bad experience with vaccinations
- ☐ I was afraid of needles
- ☐ For religious reasons
- ☐ Other (please specify)

*** 23. Tell us how well the following statements describe your reactions and thoughts:**

	Very concerned	Somewhat concerned	Not concerned
I feel anxious when I see the number of COVID-19 cases climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find the prospect of a vaccine exciting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel depressed about the uncertainty of how this pandemic will evolve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get upset when I hear contradictory information about COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel stressed when I am unable to plan my life due to COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think that taking chances is part of life and so is taking the vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Information about the vaccine ...

*** 24. Have you heard about a COVID-19 vaccine**

- ☐ Yes, and it was mostly positive
- ☐ Yes, and it was mostly negative
- ☐ Yes, and it was neither positive or negative
- ☐ No

...continue on information

*** 25. Did you get information about the COVID-19 vaccine from social media ? [check all that apply]**

- ☐ No, I did not
- ☐ I am not sure
- ☐ Yes - from Facebook
- ☐ Yes - from YouTube
- ☐ Yes - from Instagram
- ☐ Yes - from TikTok
- ☐ Yes - from Twitter
- ☐ Other social media (please specify which one)

Social media use ...

26. Did the information you got from social media change your level of confidence in the COVID-19 vaccine?

- ☐ Increased my confidence in the vaccine
- ☐ Decreased my confidence in the vaccine
- ☐ Did not change my confidence
- ☐ I am not sure
- ☐ Did not change my confidence but influenced my opinion in other ways - please specify

27. Did you ever share information on social media about the COVID-19 vaccine?

- ☐ Yes
- ☐ No
- ☐ I do not remember

.... trust in information

*** 28. Where did you get the most information about the COVID-19 vaccine? Select up to 3 SOURCES:**

- ☐ Local television news (on TV or on the web)
- ☐ English language national or cable network news (on TV or on the web)
- ☐ Non-English language television station (on TV or on the web)
- ☐ National newspaper (i.e. New York Times, Wall Street Journal, USA Today on paper or on the web)
- ☐ My town or other local newspaper (on paper or on the web)
- ☐ Non-English language newspaper (on paper or on the web)
- ☐ English language radio
- ☐ Non-English language radio
- ☐ News portal site such as Yahoo! or MSN
- ☐ Website of a government agency
- ☐ Social media
- ☐ Word of mouth
- ☐ Through my employer
- ☐ Other (please specify)

*** 29. How much do you trust the information you got so far about the COVID-19 vaccine?**

- ☐ Not at all
- ☐ Very little
- ☐ Somewhat
- ☐ A lot

*** 30. Who would you trust the most to give you information about the COVID-19 vaccine in the near future? Select your TOP 3 choices:**

- ☐ Federal officials
- ☐ Your state officials
- ☐ Your town leaders (mayor or board of selectmen)
- ☐ Public health experts
- ☐ Your employer
- ☐ Your co-workers
- ☐ Your doctor
- ☐ Your local pharmacy
- ☐ Your family and friends
- ☐ Your community health center
- ☐ A celebrity (for example: a sports figure, actor, or musician)
- ☐ Local leaders in my community not in government positions (for example: local organizations, religious leaders)
- ☐ Other (please specify)

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Your opinions ...

*** 31. If you were offered a COVID-19 vaccine within two months from now - at no cost to you- how likely are you to take it?**

- ☐ Very likely
- ☐ Somewhat likely
- ☐ I am not sure
- ☐ Somewhat unlikely
- ☐ Very unlikely
- ☐ I would not take it within 2 months but would consider it later on

*** 32. Select the top 3 locations you would trust the most to get the COVID-19 vaccine:**

- ☐ Doctor's office
- ☐ Local pharmacy
- ☐ Urgent care center
- ☐ Hospital
- ☐ Community health center
- ☐ Local health department
- ☐ School
- ☐ Church
- ☐ Military facility
- ☐ Community center
- ☐ Local park or community outdoor space
- ☐ Any location
- ☐ None of the above
- ☐ Other (please specify)

confidence

*** 33. What would be important for you to know to make you more likely to take the COVID-19 vaccine?**

Select up to 3 options

- ☐ The fast production of the vaccine did not compromise its safety
- ☐ Those approving the vaccines are following strict rules
- ☐ My risk of getting sick with COVID-19 is bigger than the risk of side effects from the vaccine
- ☐ The vaccine cannot cause any immediate or long term injury
- ☐ It is impossible to get COVID-19 or any other disease from the vaccine itself or its components
- ☐ The vaccine works in protecting me from COVID-19
- ☐ The vaccine works in stopping the transmission of COVID-19 from one person to another
- ☐ The FDA, CDC, and WHO recommend the vaccine and agree it is safe
- ☐ Other (please specify)

*** 34. What else would be important for you to know to make you more likely to take the COVID-19 vaccine? Select up to 3 options**

- ☐ Once vaccinated I will be able to live my life with no restrictions
- ☐ Those with concerns about the vaccine have opportunities to share their opinions with the public
- ☐ Pharmaceutical companies will not make large profits from the vaccine
- ☐ Everybody will have equal access to the vaccine regardless of income, race, or insurance status
- ☐ I will be free to choose if I get the vaccine or not with no consequences
- ☐ There is no other reason why we have so many people sick (i.e. 5G technology or other factors we do not know about)
- ☐ Other (please specify)

35. If you have other opinions about the vaccine you would like to share please write them here;

Thank you !

Thank you for taking this survey!