



**HARVARD**  
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Emergency Preparedness Research,  
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## 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
<b>Contracting COVID-19 at work?</b> (For example: hospital, office, and other work settings that are not your home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Contracting COVID-19 outside of work?</b> (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"/>
<b>Infecting your family or friends with COVID-19?</b>	<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 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)

## 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)

**\* 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!**