



## AARP 2020 Vaccine Survey

<https://doi.org/10.26419/res.00432.010>

<b>Survey length (median)</b>	20 minute survey
<b>Population</b>	<ul style="list-style-type: none"><li>• 50+ gen pop; until get to 1600 total</li><li>• Oversample of AA (400 total)</li><li>• Oversample of Latinx (400 total)</li></ul>
<b>MODE</b>	CAWI/CATI
<b>Language</b>	English/Spanish
<b>Sample Source</b>	AmeriSpeak

### S1.

A nursing home is a skilled nursing facility that provides personal assistance, such as with bathing, dressing, or eating, and medical care 24 hours a day, seven days a week.

Do you have anyone age 50 or older in your family, either immediate or extended family, who is currently residing in a nursing home?

1. Yes, immediate family member age 50+
2. Yes, extended family member age 50+
3. Both, immediate and extended family member age 50+
4. No, I do not have a family member age 50+ in a nursing home

### S2.

An assisted living facility is an apartment-like setting where some assistance with personal care may be provided.

Do you have anyone age 50 or older in your family, either immediate or extended family, who is currently residing in an assisted living facility?

1. Yes, immediate family member age 50+
2. Yes, extended family member age 50+
3. Both, immediate and extended family member age 50+
4. No, I do not have a family member age 50+ in an assisted living facility

S3.

Does anyone in your household currently provide unpaid care to a relative or friend 50 years or older to help them take care of themselves?

This may include helping with personal needs or household chores. It might be managing a person's finances, arranging for outside services, or visiting regularly to see how they are doing.

1. Yes, I/someone in my household currently provides care to an adult age 50+ who lives in my household
2. Yes, I/someone in my household currently provides care to an adult age 50+ who does not live in my household
3. Yes, I/someone in my household currently provides care to an adult(s) age 50+ who lives in my household as well as an adult(s) age 50+ who does not live in my household
4. No

S4.

At any time in the last 12 months, has anyone in your household or outside your household provided unpaid care to you to help you take care of personal needs or household chores?

1. Yes
2. No

INTRO\_1.

First we'd like to ask you a few questions about your general health.

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[SP]

Q1.

In general, how would you rate your physical health?

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Q2.

In general, how would you rate your mental health?

1. Excellent
  2. Very Good
  3. Good
  4. Fair
  5. Poor
- 

Clinical Trials

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[DISPLAY]

INTRO\_2.

This next set of questions are about medical research that is often referred to as clinical trials. In this, volunteers choose to participate to test the safety and effectiveness of new treatments, drugs, or devices.

C1.

Have you ever heard of clinical trials?

RESPONSE OPTIONS:

1. Yes
2. No
77. Not sure

[SHOW IF C1=1]

[SP]

C3.

Have you ever participated in clinical trials?

1. Yes
2. No
77. Not sure

---

Vaccines/Flu

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[DISPLAY]

INTRO\_3.

The next questions are related to your thoughts about vaccines.

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[SP]

F1.

Generally speaking, how safe or unsafe are vaccines?

1. Very safe
  2. Somewhat safe
  3. Not too safe
  4. Not at all safe
- 

[GRID; SP]

F2.

Please indicate how much you agree or disagree with each of the following statements.

- A. Getting vaccines is a good way to protect me and my family from disease.

- B. Getting vaccines is a good way to improve health in society at large.
- C. There are very few benefits of vaccines.
- D. There is a low risk of catching the diseases the vaccines are made to prevent.
- E. I frequently research information about vaccines.
- F. I have had or heard of people having bad experiences with vaccines.
- G. I am not sure who to trust when it comes to information about vaccines.

- 1. Strongly agree
  - 2. Somewhat agree
  - 3. Somewhat disagree
  - 4. Strongly disagree
- 

[SP]

F3.

Which statement comes closer to your own view?

- 1. I get all of the vaccines my doctor or other healthcare professional recommends.
  - 2. I get most of the vaccines my doctor or other healthcare professional recommends.
  - 3. I only get a few of the vaccines my doctor or other healthcare professional recommends.
  - 4. I don't get any of the vaccines my doctor or other healthcare professional recommends.
- 

[SP]

F4.

What do you typically do for the flu vaccine?

- 1. Get a flu shot every year or almost every year
  - 2. Get a flu shot some years but not others
  - 3. Rarely get a flu shot
  - 4. Never get a flu shot
- 

[SHOW IF F4=2,3,4]

[MP]

F5.

Why do you [INSERT IF F4=2: sometimes INSERT IF F4=3: rarely INSERT IF F4=4: never] get a flu shot?

<i>Select all that apply.</i>

- 1. I don't like needles
- 2. I am concerned about possible side effects
- 3. I don't believe they work
- 4. I don't think they are safe

5. The flu is not a serious disease
  6. I don't think I need one
  7. I never get the flu
  8. I don't like to take medications
  9. I am concerned about weakening my immune system
  10. Other, please specify: [TEXTBOX] [ANCHOR]
- 

[SHOW IF F4=1,2,3]

F6.

Did you get a flu vaccine <u>last</u> year (between August 2019 and May 2020)?

1. Yes
  2. No
  77. Unsure
- 

[SP]

F7.

How likely are you to get a flu vaccine <u>this</u> year (between August 2020 and February 2021)?

1. Very likely
  2. Somewhat likely
  3. Somewhat unlikely
  4. Very unlikely
  5. Already got flu vaccine [ANCHOR]
- 

[SHOW IF F6=1 OR F7=1,2,5]

[SP]

F8.

Where do you usually go to get a flu vaccine?

RESPONSE OPTIONS, RANDOMIZE:

1. Doctor's office, clinic, or hospital
  2. Pharmacy, grocery store, or other retail site
  3. Employer or community-sponsored health fair
  4. Senior center or nursing home
  5. Other, please specify: [TEXTBOX] [ANCHOR]
- 

[IF F7=3 OR 4]

[MP]

F9.

Why are you not likely to get a flu vaccine this year?

*Select all that apply.*

1. I'm healthy and don't need a flu vaccine
  2. The flu is not a serious disease
  3. Waiting for the COVID-19 vaccine
  4. I am worried about side effects of the flu vaccine
  5. Keeping away from health care sites to avoid COVID-19
  6. The flu vaccine doesn't work very well
  7. I probably just won't get around to it
  8. Other, please specify: [TEXTBOX] [ANCHOR]
- 

[SP]

F10.

How important is it for you to get a flu vaccine this year, compared to other years?

1. Much more important than other years
2. Somewhat more important than other years
3. About the same
4. Somewhat less important than other years
5. Much less important than other years

[SP]

F11.

As an adult, have you ever gotten a Td or Tdap vaccination, which is for protection against tetanus, diphtheria, and pertussis (also known as whooping cough)?

1. Yes, I have gotten a Tdap vaccination
2. Not yet, but I plan to
3. No, and I do not plan to
77. Don't know

[SHOW IF S\_AGE>49]

F12.

Have you ever had a shot for pneumonia?

1. Yes, I have gotten a shot for pneumonia
  2. Not yet, but I plan to
  3. No, and I do not plan to
  77. Don't know
-

F13.

Have you ever had a shot for shingles?

1. Yes, I have gotten a shot for shingles
2. Not yet, but I plan to
3. No, and I do not plan to
77. Don't know

[SP]

F14.

Who would you say is your most trusted source of information about immunizations for adults, such as the flu or pneumonia shot?

1. Your doctor or other healthcare professional
2. Centers for Disease Control and Prevention (CDC)
3. Pharmacist/local pharmacy
4. Websites (such as WebMD or Mayo Clinic)
5. Social Media (such as Facebook or Twitter)
6. News media
7. Family/friends
8. Other, please specify: [TEXBOX] [ANCHOR]
9. I don't trust any sources on this topic [ANCHOR]

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[GRID; SP]

F15.

In your opinion, to prevent the spread of influenza (the flu) to residents of nursing homes and assisted living facilities, who, if anyone, should be required to get a flu vaccine?

GRID ITEMS:

- A. Medical staff at the facility
- B. Other staff at the facility (like food service, administrators, cleaners, etc.)
- C. Visitors to the facility
- D. Residents of the facility

RESPONSE OPTIONS:

1. Definitely require
2. Possibly require
3. Should not require

---

COVID/COVID Vaccine

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[DISPLAY]

INTRO\_4.

The next set of questions are related to COVID-19 and the COVID-19 vaccine.

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[SP]

COV1.

How worried, if at all, are you about getting COVID-19?

1. Very worried
  2. Somewhat worried
  3. Not too worried
  4. Not at all worried
- 

[SHOW IF COV1=3,4]

[MP]

COV2.

What are some reasons why you say you are not worried about getting COVID-19?

<i>Select all that apply.</i>

1. I don't go around crowds/people
2. I get a flu shot every year
3. It only affects older people
4. I already had COVID-19, so I won't get it again
5. It is not as serious as the media portrays
6. They will have a vaccine soon
7. Because I follow the guidelines for hand washing, sanitizing and mask wearing
8. I trust God/a higher power will protect me
9. I don't have any underlying diseases like diabetes or hypertension
10. Other, please specify: [TEXTBOX] [ANCHOR]

[SHOW IF COV2=4]

COV3.

You mentioned you've already had COVID-19. Were you tested for COVID-19?

1. Yes
  2. No
- 

[SHOW IF COV2=4]

[MP]

COV3A.

Did anyone else you know contract COVID-19?



<i>Select all that apply.</i>

1. Yes, someone in my household
2. Yes, someone I know (not in my household)
3. No [SP]

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AUTOPUNCH COV3B (CAN PUNCH MULTIPLE VALUES IF MEETING BELOW REQUIREMENTS)

IF COV3=1      COV3B=1

IF COV3=2      COV3B=2

IF COV3A=1    COV3B=3

IF COV3A=2    COV3B=4

---

[SHOW IF COV2<>4]

[MP]

COV3B.

Did you or anyone you know contract COVID-19?

<i>Select all that apply.</i>

1. Yes, me and I was tested [EXCLUSIVE FROM COV3B\_2]
2. Yes, me but I was not tested [EXCLUSIVE FROM COV3B\_1]
3. Yes, someone in my household
4. Yes, someone I know (not in my household)
5. No [SP]

---

[SHOW IF COV3A=1,2 OR COV3B=3,4]

COV3C

Did anyone you know die from COVID-19?

1. Yes
2. No

---

[HORIZONTAL SP]

COV4

Using a scale from 1 to 10, with 1 meaning not at all affected and 10 meaning extremely affected, please indicate how much you have been affected by COVID-19 restrictions?

RESPONSE OPTIONS:

1. 1 - Not at all affected
2. 2
3. 3
4. 4

5. 5
6. 6
7. 7
8. 8
9. 9
10. 10 - Extremely affected

---

[GRID; SP]

COV5.

Using a 10-point scale, with 1 meaning no trust at all and 10 meaning complete trust, how much do you trust the following individuals and organizations to provide honest and factual information about the COVID-19 pandemic?

GRID ITEMS, RANDOMIZE:

- A. Centers for Disease Control and Prevention (CDC)
- B. Dr. Anthony Fauci
- C. Your doctor or healthcare professional
- D. Food and Drug Administration (FDA)
- E. Family/Friends
- F. Clergy/Faith leaders
- G. The President
- H. Your governor
- I. World Health Organization (WHO)
- J. Local hospitals and public health officials
- K. [INSERT IF S\_RACETH = 2] Black/African American community leaders
- L. [INSERT IF S\_RACETH = 4] Hispanic/Latino community leaders
- M. Other, please specify: [TEXTBOX] [ANCHOR]

RESPONSE OPTIONS:

1. 1 – No trust at all
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10 – Complete trust
77. Don't know

---

[SP]

COV6.

Which statement comes closer to your own view?

RESPONSE OPTIONS, RANDOMIZE:

1. Developing a completely safe and effective COVID-19 vaccine is more important than developing it quickly.
2. Quickly developing a COVID-19 vaccine is more important than following all of the normal testing requirements to ensure it's safe and effective.

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[SP]

COV9.

How effective, if at all, do you think the COVID-19 vaccines will be?

1. Very effective
2. Somewhat effective
3. Not too effective
4. Not at all effective

[SHOW IF DOV\_NH=1 OR DOV\_ALF=1 OR DOV\_CAREGIVER=1]

[SP]

COV10A.

As [INSERT DOV\_COV10A\_INSERT] assuming no cost, would you be willing to authorize the COVID-19 vaccine for your loved one when one becomes available?

1. Yes
2. No
77. Not sure

---

[SP]

COV10.

Assuming no cost to you, when a COVID-19 vaccine is available, how likely are you to get vaccinated?

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely

---

[SHOW IF COV10=1,2]

[SP]

COV11.

Which of the following statements most accurately reflects your feelings about getting a COVID-19 vaccine?

1. I want to be one of the first people to get a COVID-19 vaccine
  2. I'm going to wait a few months after the COVID-19 vaccine has been made available
  3. I'm going to wait at least 6 months after the COVID-19 vaccine has been made available
  4. I'm going to wait a year or more after the COVID-19 vaccine has been made available
  5. I'm not sure when I'd like to get the COVID-19 vaccine once it has been made available
- [ANCHOR]

---

[SHOW IF COV10=1,2]

[MP]

COV12.

What are some reasons why you are likely to get a COVID-19 vaccine?

<i>Select all that apply.</i>

- 1.To reduce my personal health risk
- 2.To reduce my personal financial risk
- 3.It is the right thing to do for my community
- 4.To reduce the risk of passing it on to a loved one
- 5.Other, please specify: [TEXTBOX] [ANCHOR]

---

[SHOW IF COV10=3,4]

[MP]

COV14.

What are some reasons why you are unlikely to get a COVID-19 vaccine?

<i>Select all that apply.</i>

1. The risks of taking a new vaccine outweigh any benefits
2. I do not think the vaccination will work to protect me from infection
3. I do not trust the government
4. I am concerned about the cost of the vaccine
5. I don't think I'll get that sick if I get COVID-19
6. I already had COVID-19, so I can't get it again
7. I'm healthy and don't need a COVID-19 vaccine
8. I am worried about side effects
9. I'm keeping away from health care sites to avoid COVID-19
10. Other, please specify: [TEXTBOX] [ANCHOR]

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[GRID; SP]

COV16.

How important, if at all, will the following factors be in your decision to get the COVID-19 vaccine?

GRID ITEMS, RANDOMIZE:

- A. If your doctor or healthcare professional recommends it
- B. Cost
- C. How well it works
- D. If your friends/family get it
- E. If the Centers for Disease Control and Prevention (CDC) recommends it
- F. If the President recommends it
- G. If your governor recommends it
- H. How safe it is

RESPONSE OPTIONS:

- 1. Not important
  - 2. Somewhat important
  - 3. Very important
- 

[GRID; SP]

COV17.

How would the following developments impact the likelihood you would get a COVID-19 vaccine, if at all?

GRID ITEMS, RANDOMIZE:

- A. If the vaccine has been through the full Federal Drug Administration (FDA) approval process.
- B. Large scientific studies show that people who have taken the vaccine do not suffer any negative side effects.
- C. Large scientific studies show that it works for people like you (your race, gender, age, health condition, etc.).
- D. Your doctor or healthcare professional says the vaccine is safe.
- E. If the vaccine has not been through the full Food and Drug Administration (FDA) approval process.
- F. If there was a fast, easy, affordable COVID-19 test you could do at home and get quick results.

RESPONSE OPTIONS:

- 1. Less likely to get a vaccine
  - 2. No impact on likelihood to get a vaccine
  - 3. More likely to get a vaccine
- 

[GRID; SP]

COV18.

Please indicate how much you agree or disagree with each of the following statements.

**GRID ITEMS, RANDOMIZE:**

- A. People with the highest risk should be given priority to get the COVID-19 vaccine.
- B. So many people will be vaccinated for COVID-19 that I will be safe from COVID-19 even if I do not get vaccinated myself.
- C. I am concerned about serious side effects of a COVID-19 vaccine.
- D. I am willing to get a COVID-19 vaccine, regardless of how effective it is.
- E. If someone gets a flu vaccine, they won't need a COVID-19 vaccine.
- F. Anyone who lives with or takes care of someone age 65 or older should be given priority to get the COVID-19 vaccine.
- G. Getting the COVID-19 vaccine would mean my life could go back to normal, like it was before the pandemic.
- H. Healthcare workers should be given priority to get the COVID-19 vaccine.
- I. Essential workers (people who work with the public like postal workers, grocery store workers, sanitation workers, police officers, etc.) should be given priority to get the COVID-19 vaccine.
- J. Teachers should be given priority to get the COVID-19 vaccine.

**RESPONSE OPTIONS:**

- 1. Strongly agree
- 2. Somewhat agree
- 3. Somewhat disagree
- 4. Strongly disagree

---

[GRID; SP]

COV19.

Using a 10-point scale, with 1 meaning no trust at all and 10 meaning complete trust, how much do you trust the following individuals and organizations to provide honest and factual information about the

COVID-19 vaccine?

**GRID ITEMS, RANDOMIZE:**

- 1. Centers for Disease Control and Prevention (CDC)
- 2. Dr. Anthony Fauci
- 3. Your doctor or healthcare professional
- 4. Food and Drug Administration (FDA)
- 5. Family/Friends
- 6. Clergy/Faith leaders
- 7. The President
- 8. Your governor
- 9. World Health Organization (WHO)
- 10. Social media (such as Facebook or Twitter)
- 11. Local hospitals and public health officials
- 12. [INSERT IF S\_RACETH = 2] Black/African American community leaders
- 13. [INSERT IF S\_RACETH = 4] Hispanic/Latino community leaders
- 14. Other, please specify: [TEXTBOX] [ANCHOR]

RESPONSE OPTIONS:

1. 1 – No trust at all
2. 2
3. 3
4. 4
5. 5
6. 6
7. 7
8. 8
9. 9
10. 10 – Complete trust
77. Don't know

---

[GRID; SP]

COV20.

In your opinion, to prevent the spread of COVID-19 to residents of nursing homes and assisted living facilities, who, if anyone, should be required to get a COVID-19 vaccine?

GRID ITEMS, RANDOMIZE:

- A. Medical staff at the facility
- B. General staff at the facility (food service, administrators, cleaners, etc.)
- C. Visitors to the facility
- D. Residents of the facility

RESPONSE OPTIONS:

1. Definitely require
2. Possibly require
3. Should not require

---

COVID Clinical Trials

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[SP]

CCT1.

If asked, how likely would you be to participate in a clinical trial for the COVID-19 vaccine?

RESPONSE OPTIONS:

1. Very likely
  2. Somewhat likely
  3. Not too likely
  4. Not at all likely
-

[SHOW IF CCT1=1,2]

[GRID; SP]

CCT1A.

How much do you agree or disagree with the following statements:

[SPACE]

Taking part in clinical trials for COVID-19...

GRID ITEMS, RANDOMIZE:

- A. would be valuable to our health care system
- B. would be the right thing to do for my community
- C. is important so they can tell if it will work for people like me (my race, gender, age, health condition, etc.)

RESPONSE OPTIONS:

- 1. Strongly agree
  - 2. Somewhat agree
  - 3. Somewhat disagree
  - 4. Strongly disagree
- 

[SHOW IF CCT1=3,4]

[GRID; SP]

CCT1B.

How much do you agree or disagree with the following statements:

[SPACE]

I would not take part in the clinical trials for COVID-19 because...

GRID ITEMS, RANDOMIZE:

- A. I don't trust the drug companies making the COVID-19 vaccine
- B. I don't know enough about the process
- C. I don't know how it might affect my health
- D. I don't trust the government.

RESPONSE OPTIONS:

- 1. Strongly agree
  - 2. Somewhat agree
  - 3. Somewhat disagree
  - 4. Strongly disagree
- 

DEMOGRAPHICS

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[DISPLAY]



INTRO\_5.

And finally, we have just a few questions for classification purposes only.

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[NUMBOX; 0-50, 77,98,99]

D1.

How many adults age 18 to 49 live in your household?

[NUMBOX] adults

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[NUMBOX; 0-50, 77,98,99]

D2.

Including yourself, how many adults age 50 or older live in your household?

[NUMBOX] adults

---

[SP] [PROMPT]

D3. Which statement best describes your current employment status?

RESPONSE OPTIONS:

1. Working – as a paid employee
  2. Working – self-employed
  3. Not working - on temporary layoff from a job
  4. Not working - looking for work
  5. Not working - retired
  6. Not working - disabled
  7. Not working – other, specify: [TEXTBOX]
- 

[SHOW IF D3=1,2]

[SP]

D4.

Which of the following statements describes your position as a result of COVID-19?

RESPONSE OPTIONS, RANDOMIZE:

1. I am/was required to work outside my home because my work is considered “essential” (like police officer, grocery worker, sanitation worker, delivery person, mechanic, plumber, public transportation worker, etc.).
2. I am/was required to go into the office/worksites even when others in my company are/were not going into the office/worksites.
3. I am/was required to go into the office/worksites though my work is/was <u>not</u> considered essential. [ANCHOR]
4. I was/am <u>not</u> required to work outside my home. [ANCHOR]

---

[SP]

D5.

With which political party do you most closely identify?

RESPONSE OPTIONS:

1. Republican
2. Democrat
3. Independent
4. Other

---

[PROMPT]

[SP]

D6.

How would you describe your political views? Would you say they are...

1. Very liberal
2. Somewhat liberal
3. Moderate
4. Somewhat conservative
5. Very conservative

---

[SP]

D7.

Do you currently have health insurance coverage?

RESPONSE OPTIONS:

1. Yes
2. No

---

[SP]

D8.

Which of the following best describes the area where you live?

1. Rural area/Farm
  2. Small town/Village
  3. Suburb of a large city
  4. Large city
-

[MP]

D9.

Do you currently have any of the following conditions or illnesses?

<i>Select all that apply.</i>

RESPONSE OPTIONS, RANDOMIZE:

1. High blood pressure
2. Extremely overweight/Obesity
3. Diabetes
4. Chronic kidney disease
5. A weakened immune system
6. Serious heart condition like heart attack, heart disease, or other heart condition
7. Chronic pain (such as low back pain, neck pain or fibromyalgia)
8. Chronic bronchitis or COPD
9. [INSERT IF S\_RACETH=2] Sickle cell disease
10. None of the above [SP] [ANCHOR]