

## Survey: Understand Vaccine Decision Making: Your Thoughts on Vaccines

1. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

2. What is your gender?

- Female
- Male
- Non-Binary
- Prefer not to say

Other (specify)

3. What is your educational background?

- Less than high school education
- High school diploma or equivalent
- Some college or vocational training
- Bachelor's degree
- Master's degree
- Doctorate or professional degree
- Other (please specify)

4. What is your race or ethnicity?

- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Multiracial or Multiethnic
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- White
- Another race or ethnicity, please describe below

Self-describe below:

5. What is your employment status?

- Employed (full-time)
- Employed (part-time)
- Unemployed
- Student
- Retired
- Homemaker
- Other

6. In which County do you currently reside?

- Adams
- Dauphin
- Cumberland
- Franklin
- Lancaster
- Lebanon
- Perry
- York
- None of the above

7. Please choose the option that best represents your current stance on receiving vaccines:

- Fully accepting, I am willing to receive all recommended vaccines.
- Somewhat hesitant, I have some concerns but might consider certain vaccines.
- Moderately hesitant, I am cautious about specific vaccines.
- Highly hesitant, I have significant concerns and am reluctant to get vaccinated.
- Fully hesitant, I am opposed to all vaccinations.

8. Which of the following vaccines have you received as part of your **childhood vaccinations**? Please select all that apply:

- Measles, Mumps, Rubella (MMR)
- Diphtheria, Tetanus, Pertussis (DTaP/Tdap)
- Polio (IPV)
- Hepatitis B (HepB)
- Haemophilus influenzae type b (Hib)
- Pneumococcal conjugate vaccine (PCV)
- Rotavirus (RV)
- Varicella (chickenpox)
- Other (please specify)

- None of the above

9. Do you receive the seasonal influenza vaccine?

- Yes, I receive the flu vaccine every year.
- Yes, I have received the flu vaccine in previous years but not every year.
- No, I have never received the flu vaccine.

10. Which of the following vaccines have you received as part of your **adulthood vaccinations**? Please select all that apply:

- Influenza (flu) vaccine
- Tetanus, Diphtheria, Pertussis (Tdap)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Human Papillomavirus (HPV)
- Pneumococcal polysaccharide vaccine (PPSV23)
- Meningococcal conjugate vaccine (MenACWY)
- Other (please specify)

- None of the above

11. Have you received the COVID-19 vaccine?

- Yes, I have received all required doses of the COVID-19 vaccine.
- Yes, I have received some doses of the COVID-19 vaccine but not all.
- No, I have not received any doses of the COVID-19 vaccine.

12. If you have not received certain vaccines, what are the main reasons for not getting them? Please select all that apply:

- Concerns about vaccine safety
- Lack of awareness about the vaccine
- Belief that the disease is not a significant threat
- Personal or religious beliefs
- Cost or accessibility issues
- Healthcare provider did not recommend it
- Other (please specify)

- Not applicable

13. Please rate your agreement with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Vaccines play a crucial role in controlling and eradicating infectious diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about vaccine side effects impact my willingness to get vaccinated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust information provided by healthcare professionals about vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm confident about the safety of <input type="radio"/> vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Vaccines are essential for protecting public health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rely on information from social media platforms when making decisions about vaccinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about potential long-term effects of vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more likely to get vaccinated if I see my peers or close contacts getting vaccinated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What type of messaging would be most effective in encouraging you to get vaccinated?

Select all that apply.

- Scientific Data and Research Studies
- Personal Testimonials from Healthcare Professionals
- Personal Testimonials from Vaccine Recipients
- Information on Vaccine Safety and Side Effects
- Messaging from Trusted Public Health Authorities
- Social Media Influencers and Celebrities Promoting Vaccination
- Clear and Simple Explanations of Vaccine Benefits
- Addressing Specific Concerns and Misconceptions About Vaccines
- Campaigns Highlighting Successful Vaccination Initiatives
- Educational Webinars or Q&A Sessions on Vaccines
- Incentives or Rewards for Getting Vaccinated
- Other (please specify)

- None of the above

15. Do you know what lifespan vaccines are recommended for your age group?

- Yes
- No
- I don't know

16. Are you currently up-to-date with all recommended lifespan vaccines for your age group?

- Yes
- No
- I don't know

If you selected **No**, please explain why.

17. **OPTIONAL:** What factors influence your decision to either receive or not receive a vaccine? Your input will help us better understand and address vaccine hesitancy.

**OPTIONAL:** Are there any personal experiences or stories that have influenced your views on vaccination?  
Please share if you are comfortable do so.


### Postcard for Community Engagement

## JOIN THE CONVERSATION: SHARE YOUR THOUGHTS ON VACCINES!





Dear "Insert Resident's Name",

We invite you to participate in our survey, *Understanding Vaccine Decision - Making: Your Thoughts on Vaccines*. By participating in this survey, your unique perspectives, concerns, and ideas will provide us with valuable insight to shape the direction of public health initiatives in our community.

Let your voice be heard! **Scan the QR code or visit the link provided below to access our anonymous survey.**



[https://www.surveymonkey.com/r/EHSF\\_PH\\_Survey](https://www.surveymonkey.com/r/EHSF_PH_Survey)

**THANK YOU FOR BEING AN ESSENTIAL PART OF THIS VITAL CONVERSATION!**

Feel free to share this postcard with friends and family! Let's create a healthier community together.



## ABOUT OUR ORGANIZATION

The **Emergency Health Services Federation (EHSF)** is a nonprofit organization granted by the Pennsylvania Department of Health and the Bureau of Emergency Medical Services located in New Cumberland, Pennsylvania. EHSF is the Regional Emergency Medical Services (EMS) Council for the following eight counties in South Central Pennsylvania: Adams, Dauphin, Cumberland, Franklin, Lancaster, Lebanon, Perry and York.

The **Emergency Health Services Federation's Public Health Division** focuses on enhancing the health of the communities we serve. Our primary focus is on rural, underserved, and at-risk populations. We strive to accomplish this through education, outreach, program implementation, and partnerships with healthcare coalitions, hospital systems, educational institutions, emergency management agencies, and other local community-based organizations. Our organization currently houses the South Central Medical Reserve Corps and the South Central Pennsylvania Immunization Coalition.

