

# Partnering for Vaccine Equity

Q1 Thank you for participating in the Partnering for Vaccine Equity survey! We encourage you to complete this survey about your overall experience with vaccines for COVID-19 and other conditions. We are interested in hearing from you regardless of whether or not you have gotten the vaccines, or plan to do so.

We value your feedback, comments, and concerns. The survey information will be used to evaluate how you feel about vaccines and getting vaccinated, and to plan future steps. All responses will remain anonymous. This survey will take about 15 minutes to complete.

If you have any questions or concerns, please contact \_\_\_\_\_

The Vaccine Equity Task Force

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Q2 How concerned are you about getting COVID-19?

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

Q3 How important do you think getting a COVID-19 vaccine is to protect yourself against COVID-19?

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

Q4 How safe do you think a COVID-19 vaccine is for you?

- ☐ Not at all safe
- ☐ Somewhat safe
- ☐ Very safe
- ☐ Completely safe

Q5 To your knowledge, have you ever had COVID-19?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q6 Do/did you feel the need to get a COVID-19 vaccine so that you can/could do the following? (Select all that apply.)

- ☐ Socialize with family
- ☐ Socialize with friends
- ☐ Attend mass public gatherings (such as sporting events or music festivals)
- ☐ Travel by plane
- ☐ Attend religious services
- ☐ Go to a healthcare facility
- ☐ Receive medical care
- ☐ Go to work or school
- ☐ Not wear a mask
- ☐ None of the above

Q7 How much do you (disagree or agree) that if you were to receive a COVID-19 vaccine:

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
You would suffer bad side effects from the vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It would be a financial burden.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You could be a test subject for a vaccine with unknown consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You could trust information you receive from public health officials about the vaccine.

☐☐☐☐☐

You could trust information you receive from public health officials about the vaccine.

☐☐☐☐☐

You could trust information you receive from public health officials about the vaccine.

☐☐☐☐☐

Q8 How much do you trust the healthcare providers who gave you a COVID-19 vaccine?

- ☐ Do not trust
- ☐ Somewhat trust
- ☐ Mostly trust
- ☐ Fully trust

Q9 How much do you trust the public health agencies that recommend COVID-19 vaccines?

- ☐ Do not trust
- ☐ Somewhat trust
- ☐ Mostly trust
- ☐ Fully trust

Q10 Please indicate how much you agree with the following statements:

	Strongly Disagree	Moderately Disagree	Neither Agree or Disagree	Moderately Agree	Strongly Agree
Doctors and health care workers sometimes hide information from patients who belong to my ethnic group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors have the best interests of people of my ethnic group in mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my ethnic group should not confide in doctors and health care workers because it will be used against them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People of my ethnic group should be suspicious of information from doctors and health care workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

People of my ethnic group cannot trust doctors and health care workers.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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People of my ethnic group should be suspicious of modern medicine.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Doctors and health care workers treat people of my ethnic group like "guinea pigs."

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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People of my ethnic group receive the same medical care from doctors and health care workers as people from other groups.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Doctors and health care workers do not take the medical complaints of people of my ethnic group seriously.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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People of my ethnic group are treated the same as people of other groups by doctors and health care workers.



In most hospitals, people of different ethnic groups receive the same kind of care.



I have personally been treated poorly or unfairly by doctors or health care workers because of my ethnicity



Q11 Next, thinking about your experiences with health care visits in the past two years, have you ever felt that a doctor or healthcare provider:

	Yes, it has happened	No, it has not happened	Don't Know
Didn't believe you were telling the truth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refused to order a test or treatment you thought you needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refused to prescribe medication you thought you needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suggested you were personally to blame for a health problem you were experiencing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assumed something about you without asking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talked down to you or didn't treat you with respect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 If you had to guess, about how many of your family and friends have received a COVID-19 vaccine?

- ☐ None
- ☐ Some
- ☐ Many
- ☐ Almost all

Q13 Of the people close to you, what proportion of them would want you to get the COVID-19 vaccine??

- ☐ Few (0-20%)
- ☐ Less than half (21-40%)
- ☐ Around half (41-60%)
- ☐ More than half (61-80%)
- ☐ Most or nearly all (81-100%)

Q14 Has a doctor, nurse, or other health professional ever recommended that you get a COVID-19 vaccine?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q15 In the last month, have you seen or heard any negative information about the safety or effectiveness of COVID-19 vaccines?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q16 In the past month, how often have you tried to find information about COVID-19 vaccines?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Not sure

Q17 The reason I did get/would get a COVID-19 vaccine is because I personally believe it is important for my health.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly agree



Q18 Do or did you feel any of the following tried to influence you to get a COVID-19 vaccine?  
(Select all that apply.)

- ☐ Family
- ☐ Friends
- ☐ Your employer
- ☐ Coworkers
- ☐ Schools
- ☐ Businesses you go to (such as restaurants or grocery stores)
- ☐ Celebrities or influencers
- ☐ Religious leaders
- ☐ Doctors or other healthcare providers
- ☐ Government officials
- ☐ None of these

Q19 Do or did you feel any of the following tried to influence you to AVOID getting a COVID-19 vaccine? (Select all that apply.)

- ☐ Family
- ☐ Friends
- ☐ Your employer
- ☐ Coworkers
- ☐ Schools
- ☐ Businesses you go to (such as restaurants or grocery stores)
- ☐ Celebrities or influencers
- ☐ Religious leaders
- ☐ Doctors or other healthcare providers
- ☐ Government officials
- ☐ None of these

Q20 How much do you agree with the following statement?  
*I have a responsibility to get vaccinated for COVID-19 to protect others.*

- ☐ Do not agree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ Very strongly agree

Q21 How difficult would it be or was it for you, to get a COVID-19 vaccine?

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

Q22 Does your work or school require you to get a COVID-19 vaccine?

- ☐ Yes
- ☐ No
- ☐ Unemployed/Not applicable (Not in school, home schooled)
- ☐ Not sure

Q23 How much do you agree with the following statement:

*I can get a COVID-19 vaccine if I want to.*

- ☐ Do not agree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ Very strongly agree

Q24 Many things might make it difficult to get a COVID-19 vaccine. Which of the things in this list made or make it difficult for you? (Select all that apply.)

- ☐ Getting an appointment online
- ☐ Not knowing where to get vaccinated
- ☐ Hard to get to vaccination sites
- ☐ Vaccination sites aren't open at convenient times
- ☐ Concerns about immigration status
- ☐ Unable to get time off from work/school
- ☐ Caregiving responsibilities
- ☐ Cost
- ☐ Lack of a health care provider
- ☐ None of these

Q25 Have you been or were you offered cash prizes or other rewards to get, or before you got, your first COVID-19 vaccine?

- ☐ Yes
- ☐ No
- ☐ Not sure

Q26 Have you received at least one dose of a COVID-19 vaccine?

- ☐ Yes
- ☐ No
- ☐ Not sure

*Display This Question:*

*If Have you received at least one dose of a COVID-19 vaccine? = Yes*

Q27 How many doses of a COVID-19 vaccine have you received (including boosters)?

- ☐ One
- ☐ Two
- ☐ Three
- ☐ More than three
- ☐ Not sure

*Display This Question:*

*If Have you received at least one dose of a COVID-19 vaccine? = Yes*

Q28 How much do you agree with the following statement?

*"If I had not gotten a COVID-19 vaccine, I would have regretted it."*

- ☐ Do not agree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ Very strongly agree

*Display This Question:*

*If Have you received at least one dose of a COVID-19 vaccine? = No*

Q29 How likely are you to get a COVID-19 vaccine?

- ☐ Definitely get a vaccine
- ☐ Probably get a vaccine
- ☐ Not sure
- ☐ Probably not get a vaccine
- ☐ Definitely not get a vaccine

*Display This Question:*

*If Have you received at least one dose of a COVID-19 vaccine? = No*

Q30 How much do you agree with the following statement?

*"If I do not get a COVID-19 vaccine, I will regret it."*

- ☐ Do not agree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ Very strongly agree

*Display This Question:*

*If Have you received an annual flu shot/vaccine this year? = No*

Q31 Have you received an annual flu shot/vaccine this year?

- ☐ Yes
- ☐ No
- ☐ Not sure

*Display This Question:*

*If Have you received an annual flu shot/vaccine this year? = Yes*

Q32 How likely are you to get a flu vaccine this year?

- ☐ Definitely get a vaccine
- ☐ Probably get a vaccine
- ☐ Not sure
- ☐ Probably not get a vaccine
- ☐ Definitely not get a vaccine

*Display This Question:*

*If Have you received at least one dose of a COVID-19 vaccine? = Yes*

Q33 During what month and year did you receive your first COVID-19 vaccine?

- ☐ Month/Year \_\_\_\_\_
- ☐ Not sure

Q34 What is your current age?

- ☐ \_\_\_\_\_

Q35 What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Something else

Q36 Do you consider yourself transgender?

- ☐ Yes
- ☐ No

Q37 What best describes your sexual orientation?

- ☐ Heterosexual/straight
- ☐ Lesbian or gay
- ☐ Bisexual
- ☐ Something else

Q38 Are you currently trying to get pregnant, pregnant, or breastfeeding?

- ☐ Trying to get pregnant
- ☐ Pregnant
- ☐ Breastfeeding
- ☐ None of the above

Q39 Are you of Hispanic or Latino origin?

- ☐ Yes
- ☐ No

Q40 Please choose one or more of the following categories to describe your race:

- ☐ White
- ☐ Black or African American
- ☐ American Indian
- ☐ Alaska Native
- ☐ Native Hawaiian
- ☐ Pacific Islander
- ☐ Other (specify):

Q41 What is your zip code?

- ☐ \_\_\_\_\_

Q42 Including the adults and all the children, how many people live in your household?

- \_\_\_\_\_

Q43 Were you born in the United States?

- Yes
- No

Q44 What is the highest grade or year of school you have completed??

- 8<sup>th</sup> Grade or less
- Some high school, no diploma
- High school graduate or equivalent
- Some college, no degree
- Trade/technical/vocational training (electrician, plumbing/welding)
- Associate degree (AA, AS)
- Bachelor's degree (BA, BBA, BS)
- Master's degree (MA, MS)
- Doctorate (PHD, EDD)
- Professional Degree (MD, DDS, DVM, JD)

Q45 Are you a frontline or essential worker according to your state or region?

- Yes
- No
- Not sure

Q46 In what location or setting do you currently work?

- Healthcare (hospital, medical office, dental office, mental health office)
- Education (teacher, aid in school, administrator, curriculum manager)
- Office setting
- Food Industry (restaurants, cafeteria, farmer, grocery store)
- Service Industry (travel, hospitality, transportation, entertainment)
- Government
- Military
- Social Service (social worker, substance abuse counselor, refugee assistance)
- Religious (Pastor, Priest, Deacon, church administrator)
- Technical (Information technology, computer science)

- ☐ Self-employed
- ☐ Student
- ☐ Unemployed
- ☐ Not sure
- ☐ Other

Q47 If you selected "Other" as your choice for workplace location or setting, please describe:

- ☐ \_\_\_\_\_

Q48 Please think about your total combined family income during for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you select that amount before taxes?

- ☐ Less than \$5,000
- ☐ \$5,001 - \$10,000
- ☐ \$10,001-\$20,000
- ☐ \$20,001-\$40,000
- ☐ \$40,001-\$60,000
- ☐ \$60,001-\$80,000
- ☐ \$80,001-\$100,000
- ☐ \$100,001-\$150,000
- ☐ More than \$150,000
- ☐ Not sure

Q49 Do you have any kind of health care coverage? This includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service.

- ☐ Yes
- ☐ No
- ☐ Not sure

Q50 When seeking health care in the last 2 years, do you feel your experiences were worse than, the same as, or better than people of other races or ethnicities?

- ☐ Worse than other races or ethnicities
- ☐ The same as other races or ethnicities
- ☐ Better than other races or ethnicities

Q51 Do you have a health condition that may put you at a higher risk for COVID-19?

- ☐ Yes
- ☐ No
- ☐ Not Sure

*Display This Question:*

*If Do you have a health condition that may put you at a higher risk for COVID-19? = Yes*

*Or Do you have a health condition that may put you at a higher risk for COVID-19? = Not sure*

Q52 Can you tell me what that is? (Please specify)

- ☐ Cancer
- ☐ High blood pressure
- ☐ Obesity
- ☐ Heart disease
- ☐ Kidney disease
- ☐ Liver disease
- ☐ COPD
- ☐ Asthma
- ☐ Diabetes
- ☐ Thyroid disease
- ☐ Neurological conditions (dementia)
- ☐ Pregnancy
- ☐ Cystic fibrosis
- ☐ Disabilities (Down Syndrome)
- ☐ HIV
- ☐ Mental Health Disorder
- ☐ Organ transplant
- ☐ Use of corticosteroids or other immunosuppressive
- ☐ Smoking
- ☐ Not sure
- ☐ Other



*Display This Question:*

*Can you tell me what that is? (Please specify) = Other*

Q53 If you selected "Other" as your choice for your health condition, please describe:

- \_\_\_\_\_

Q54 Do you have serious difficulty seeing, hearing, walking, remembering, making decisions, or communicating?

- Yes
- No
- Not Sure

Q55 Would you say your mental health is excellent, very good, good, fair, or poor?

- Excellent
- Very good
- Good
- Fair
- Poor

Thank you .