# Influenza and COVID-19 Vaccine Self-Efficacy Survey

1. Have you received a **flu vaccine** in the past year?
   * Yes
   * No
   * Yes, please continue to the next questions.
2. Have you received a **COVID-19** **vaccine** in the past year?
   * Yes
   * No
3. On a scale of 1 to 10, how effective do you believe the **flu vaccine** is at preventing the following? With 1 being not effective at all and 10 being extremely effective.
   * Minor Illness (1-10)
   * Hospital Visits (1-10)
   * Severe Illness (1-10)
   * Death (1-10)
4. On a scale of 1 to 10, how effective do you believe the **COVID-19 vaccine** is at preventing the following? With 1 being not effective at all and 10 being extremely effective.
   * Minor Illness (1-10)
   * Hospital Visits (1-10)
   * Severe Illness (1-10)
   * Death (1-10)
5. What sources of information do you rely on when making decisions about getting a vaccine? (Select all that apply)
   * My Doctor
   * Government Health Agencies (e.g., health department, CDC, etc.)
   * Family and Friends
   * Internet and Social Media
   * Medical literature
   * FLCCC (Front Line COVID-19 Critical Care Alliance)
   * My own immunity
   * Other entries
6. What concerns do you have about the **flu vaccine**, if any?
   * Open answer
7. What concerns do you have about the **COVID-19 vaccine**, if any?
   * Open answer
8. Have you heard or read anything that you believe to be misconceptions about the **flu vaccine**?
   * Open answer
9. Have you heard or read anything that you believe to be misconceptions about the **COVID-19 vaccine**?
   * Open answer
10. Have you ever experienced side effects or adverse reactions after receiving a **flu vaccine**?
    * No
    * Yes
      1. If yes, please describe.
         1. Open answer.
11. What factors influence your decision to get a vaccine? (Select all that apply)
    * Personal health
    * Protecting others (e.g., children, elderly, immunocompromised individuals)
    * Advice from healthcare professionals
    * Availability and accessibility of the flu vaccine
    * Fear of contracting the flu
    * How readily available their studies are.
    * I have a low immune system and want to do everything I can to protect myself
    * Caring for people who died from flu related complications
    * Other entries
12. Do you think **flu and COVID-19 vaccines** should be mandatory for certain groups (e.g., health care workers, school children)?
    * No
    * Yes
      1. If yes, please explain which groups you think should be required to get the vaccines and why.
         1. Open answer.
13. In your own words, please describe why or why not getting the flu and COVID-19 vaccine is beneficial for both you and your family.
    * Open answer.
14. What actions or information would make you feel more confident about getting a vaccine?
    * Open answer.

# End of Survey