

Survey questions distributed to rural residents about COVID-19 [English]

1. How concerned are you about getting COVID-19?
 - ☐ Not at all concerned
 - ☐ A little concerned
 - ☐ Somewhat concerned
 - ☐ Very concerned
2. 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
3. How safe do you think a COVID-19 vaccine is for you?
 - ☐ Not at all safe
 - ☐ Somewhat safe
 - ☐ Very safe
 - ☐ Completely safe
4. To your knowledge, have you ever had COVID-19?
 - ☐ Yes
 - ☐ No
 - ☐ Not sure
5. [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 (e.g., 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
6. How much do you trust the healthcare providers who gave you a COVID-19 vaccine?
 - ☐ Do not trust
 - ☐ Somewhat trust
 - ☐ Mostly trust
 - ☐ Fully trust
7. If you had to guess, about how many of your family and friends have received a COVID-19 vaccine?
 - ☐ None
 - ☐ Some
 - ☐ Many
 - ☐ Almost all

8. Has a doctor, nurse, or other health professional ever recommended that you get a COVID-19 vaccine?
- ☐ Yes
 - ☐ No
 - ☐ Not sure
9. 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
10. In the past month, how often have you tried to find information about COVID-19 vaccines?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Not sure
11. [Do / Did] you feel any of the following tried to influence you to get a COVID-19 vaccine?
- ☐ Family
 - ☐ Friends
 - ☐ Your employer
 - ☐ Coworkers
 - ☐ Schools
 - ☐ Businesses you go to (e.g., restaurants or grocery stores)
 - ☐ Celebrities or influencers
 - ☐ Religious leaders
 - ☐ Doctors or other healthcare providers
 - ☐ Government officials
 - ☐ None of these
12. [Do / Did] you feel any of the following tried to influence you to AVOID getting a COVID-19 vaccine?
- ☐ Family
 - ☐ Friends
 - ☐ Your employer
 - ☐ Coworkers
 - ☐ Schools
 - ☐ Businesses you go to (e.g., restaurants or grocery stores)
 - ☐ Celebrities or influencers
 - ☐ Religious leaders
 - ☐ Doctors or other healthcare providers
 - ☐ Government officials
 - ☐ None of these
13. 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
- 14. How difficult [would it be for you / was it for you] to get a COVID-19 vaccine?
 - Not at all difficult
 - A little difficult
 - Somewhat difficult
 - Very difficult
- 15. 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
- 16. 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
- 17. Did any of the following make or made it difficult for you to get a COVID-19 vaccine? 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
 - None of these
- 18. How does offering cash prizes or other rewards to get a COVID-19 vaccine affect your trust in a vaccine?
 - Decreases my trust
 - Has no influence on my trust
 - Increases my trust
- 19. How many doses of a COVID-19 vaccine have you received?
 - One
 - Two
 - More than two
 - Not sure
- 20. If no vaccine doses received – How likely are you to get a COVID-19 vaccine?
 - NA – Not Applicable
 - Definitely get a vaccine
 - Probably get a vaccine
 - Not sure
 - Probably not get a vaccine
 - Definitely not get a vaccine
- 21. In the past two years, have you received any type of vaccine that was not a COVID-19 vaccine, such as seasonal flu, pneumonia, or a shingles vaccine?
 - Yes

- No
- Not sure

22. What is your current age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over
- Prefer not to answer

23. What is your gender?

- Male
- Female
- Non-binary
- Prefer not to answer

24. Are you of Hispanic or Latino origin?

- Yes
- No

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

- 8th grade or less
- 9th-12th grade, no diploma
- High school graduate or GED completed
- Completed a vocational, trade, or business school program
- Some college credit but no degree
- Associate degree (AA, AS)
- Bachelor's degree (BA, BS, AB)
- Master's degree (MA, MS, MSW, MBA)
- Doctorate (PHD, EDD) or professional degree (MD, DDS, DVM, JD)

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

- Yes
- No
- Not sure

27. In what location or setting do you currently work?

- Healthcare (e.g., hospital, doctor, dentist or mental health specialist office, outpatient facility, long-term care, home health care, pharmacy, medical laboratory)
- Social service (e.g., child, youth, family, older adult, disability services)
- Preschool or daycare
- K-12 school
- Other schools and instructional settings (e.g., college, university, professional, business, technical or trade school, driving school, test preparation, tutoring)
- First response (e.g., police or fire protection, emergency relief services)
- Death care (e.g., funeral home, crematory, cemetery)
- Correctional facility (e.g., jail, prison, detention center, reformatory)

- ☐ Food and beverage store (e.g., grocery store, warehouse club, supercenters, convenience store, specialty food store, bakery)
 - ☐ Agriculture, forestry, fishing, or hunting
 - ☐ Food manufacturing facility (e.g., meat-processing, produce packing, food or beverage manufacturing)
 - ☐ Non-food manufacturing facility (e.g., metals, equipment and machinery, electronics)
 - ☐ Public transit (e.g., bus, commuter rail, subway, school bus)
 - ☐ United States Postal Service
 - ☐ Other
 - ☐ Not sure
28. 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
29. When seeking health care in the last two 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
30. Do you have a health condition that may put you at a higher risk for COVID-19?
- ☐ Yes
 - ☐ No
 - ☐ Not sure
31. In the past seven days, how often have you worn a mask when going into indoor public spaces like restaurants, stores, or other businesses?
- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Often
 - ☐ Always
 - ☐ I didn't go to the store/Not applicable

Survey questions distributed to local healthcare workers about COVID-19

1. What is your current role?
 - ☐ Physician (MD/DO)
 - ☐ Nurse
 - ☐ Paramedic/first responder
 - ☐ Physician assistant
 - ☐ Nurse practitioner
 - ☐ Allied health (e.g., MAs, tech, CNAs)
 - ☐ Community health worker
 - ☐ Pharmacist
 - ☐ Other health worker_____
2. Do you currently work in any of the following locations? Select all that apply.
 - ☐ Hospital
 - ☐ Physician's office, or other non-hospital setting (e.g., medical clinic, urgent care outpatient surgery center, or any other outpatient or ambulatory care setting)
 - ☐ Dentist office or dental clinic
 - ☐ Pharmacy
 - ☐ Nursing home, assisted living facility, or other long-term care facility
 - ☐ Home health agency or home health care
 - ☐ Emergency medical service (EMS) setting (e.g., pre-hospital EMS setting, ambulance, paramedic, patient transport service, fire department)
 - ☐ Other_____
3. How comfortable do you feel addressing patient concerns about the COVID-19 vaccines (e.g., concerns about side effects)?
 - ☐ Very comfortable
 - ☐ Somewhat comfortable
 - ☐ Comfortable
 - ☐ Somewhat uncomfortable
 - ☐ Very uncomfortable
4. Have you been treated poorly by others during the COVID-19 pandemic because you are a healthcare worker?
 - ☐ Yes
 - ☐ No
 - ☐ Not sure