Vaccine Confidence Survey Question Bank

Select questions that are relevant to the population or study design

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Vaccinate with Confidence
Strategy to Reinforce Confidence in Covid-19 Vaccines

U.S. Vaccine Confidence Survey Question Bank
Domain: Demographic

ITEM CONSTRUCT	(A) CORE ITEMS FOR *ADULTS* WHO HAVE *NOT YET* BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR *HCP* WHO HAVE *NOT YET* BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
1. Age	How old are you? _____ years	Same	Same	Same
2. Sex	What sex were you assigned at birth, on your original birth certificate? ☐ Male ☐ Female ☐ Rather not say ☐ I don't know	Same	Same	Same
3. Gender	Do you currently describe yourself as male, female, or transgender? ☐ Male ☐ Female ☐ Transgender ☐ None of these _____	Same	Same	Same
4. Ethnicity	What is your ethnicity? ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Other (Please specify): _____	Same	Same	Same

ITEM CONSTRUCT	(A) CORE ITEMS FOR *ADULTS* WHO HAVE *NOT YET* BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR *HCP* WHO HAVE *NOT YET* BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
5. Race	What is your race? (Select all that apply.) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Something else ☐ Don't want to say	Same	Same	Same
6. Sexual Orientation	Which of the following best represents how you think of yourself? ☐ Gay/lesbian or gay ☐ Straight, that is, not gay/lesbian or gay ☐ Bisexual ☐ Something else ☐ I don't know the answer	Same	Same	Same
7. Language	How well do you speak English? ☐ Not at all ☐ Not well ☐ Well ☐ Very well What is your primary spoken language? ☐ Please specify: _____	Same	Same	Same

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8. Geography	What best characterizes the area where you live? ☐ Urban ☐ Suburban ☐ Rural	Same	Same	Same
9. Geography	What is your zip code? _____	Same	Same	Same
10. Nativity	In what country were you born?	Same	Same	Same
11. Education	What is the highest level of education you completed? ☐ Less than high school ☐ High school or equivalent (e.g., GED) ☐ Some college, including associate degree or trade school ☐ Bachelor's degree or higher	Same	Same	Same
12. Employment Status	Which of the following describes your employment status right now? ☐ Working remotely only ☐ Working in person only ☐ Working both remotely and in person ☐ Not working – temporarily laid off or furloughed ☐ Not working – voluntary leave of absence or sabbatical ☐ Not working – permanently laid off ☐ Not working – retired ☐ Not working – student ☐ Not working – other			

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13. Industry	Which of the following best describes your current industry?* ☐ Agriculture, forestry,fishing, hunting, or mining ☐ Construction ☐ Manufacturing (including food manufacturing or processing) ☐ Wholesale trade ☐ Retail trade ☐ Transportation or warehousing ☐ Utilities ☐ Information (e.g. media and telecommunications) ☐ Finance, insurance, real estate, rental, or leasing ☐ Professional, scientific and technical services ☐ Management or administrative ☐ Waste management ☐ Educational services ☐ Health care ☐ Social assistance (e.g. community food and housing, social services) ☐ Arts, entertainment, or recreational services ☐ Food service ☐ Other services (e.g., automotive repair, hairstyling) ☐ Public administration ☐ Other_____ *Only if selected one of the "working" categories in previous question.		Same	Same

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14. Work Category	Which of the following best describes your current industry?* ☐ (1) Provide direct medical care to patients (e.g., physician, nurse, physician assistant, dentist, therapist, home healthcare provider or worker, or emergency responder) ☐ (2) Do not provide direct medical care to patients, but work or volunteer in a healthcare facility (e.g., patient transport driver, administrator, janitor, food preparer, volunteer, or other in a hospital, doctor's office, dentist's office, clinic, nursing home, or residential care home) ☐ Frontline essential worker (worker who regularly comes into contact with the public, such as firefighter, police officer, corrections officer, food and agricultural worker, United States Postal Service worker, manufacturing worker, grocery store worker, public transit worker, taxi/rideshare driver, or work in the educational sector [teacher, support staff, or day care worker], etc.) ☐ Non-frontline essential worker (worker who does not regularly come into contact with the public but works in a critical industry, such as transportation and logistics, food service, housing construction, finance, information technology, communications, energy, law, media, public safety, waste and wastewater, public health, etc.) ☐ Other work or volunteer activities ☐ Not sure ☐ Rather not say		Same If (1) or (2), respondents will receive HCP questions.	Same If (1) or (2), respondents will receive HCP questions.

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15. Health Worker Role	N/A	N/A	What is your current role? ☐ Physician (MD/DO) ☐ Nurse ☐ Nurse practitioner ☐ Allied health (e.g., MAs, tech, CNAs) ☐ Community health worker ☐ Nurse ☐ Nurse practitioner ☐ Pharmacist ☐ Other health worker_____	What is your current role? ☐ Physician (MD/DO) ☐ Nurse ☐ Nurse practitioner ☐ Allied health (e.g., MAs, tech, CNAs) ☐ Community health worker ☐ Nurse ☐ Nurse practitioner ☐ Pharmacist ☐ Other health worker_____
16. Health Worker Setting	N/A	N/A	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, or patient transport service, or fire department) ☐ Other _____	Same as column (C)

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17. Comorbidities or Underlying Conditions	Do you have any of the following conditions? (Select all that apply.) ☐ Cancer ☐ Chronic kidney disease ☐ Chronic obstructive pulmonary disease (COPD) ☐ Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies ☐ Obesity or severe obesity ☐ Sickle cell disease ☐ Type 2 diabetes mellitus ☐ Immunocompromised due to solid organ transplant ☐ Current smoker *Note for interviewers or survey developers: This list may need to be updated as new evidence emerges. See here for details.*	Same	Same	Same
18. Disabilities	Are you deaf, or do you have serious difficulty hearing? ☐ Yes ☐ No	Same	Same	Same
19. Disabilities	Are you blind, or do you have serious difficulty seeing, even when wearing glasses? ☐ Yes ☐ No	Same	Same	Same

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20. Disabilities	Because of a physical or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? ☐ Yes ☐ No	Same	Same	Same
21. Primary Care Provider	Do you currently have a primary care provider? ☐ Yes ☐ No ☐ Not Sure	Same	Same	Same
22. Medical Insurance	Are you currently covered by any form of health insurance or health plan? ☐ Yes ☐ No ☐ Not Sure	Same	Same	Same
23. Medical Insurance Source	Which of the following is your main source of health insurance coverage? ☐ A plan through your employer ☐ A plan through your spouse's employer ☐ A plan you purchased yourself directly from an insurance company ☐ A plan through the health insurance marketplace ☐ A plan through your parents ☐ Medicare ☐ Medicaid ☐ I do not have health insurance ☐ Some other source			

Domain: COVID-19

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24. Previously Diagnosed with COVID-19	To your knowledge, do you have or have you had COVID-19? ☐ Yes ☐ No ☐ I don't know	Same	Same	Same
25. COVID-19 Level of Cares	IF "Yes," describe the level of care you received, or are receiving: ☐ Did not seek medical care ☐ Received medical care but was not hospitalized ☐ Was hospitalized	Same	Same	Same

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26. COVID-19 Mitigation –Dining attitudes, beliefs, and behaviors	How likely are you to do the following in the next two weeks? 1. Eat outside at a restaurant ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely 2. Eat inside at a restaurant ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely	Same	Same	Same
27. COVID-19 Mitigation – Social distancing attitudes, beliefs and behaviors	How likely are you to do the following in the next two weeks? 1. Maintain at least 6 feet distance from people who do not live in my home while in public spaces. ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely 2. Maintain at least 6 feet distance from people who do not live in my home while at small private gatherings. ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely 3. Maintain at least 6 feet distance from people at work. ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely	Same	Same	Same

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28. COVID-19 Mitigation –Mask Wearing	Suppose you had to do each of the following things in the next two weeks. How likely are you to wear a mask for each activity? 1. Work in setting outside the home ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely 2. Use public transportation, a taxi, or a ride share service ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely 3. Go for a walk in your neighborhood ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely 4. Shop inside a store ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely 5. Visit inside a friend's house ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely 6. Visit a park or other outdoor public space ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely	Same	Same	Same

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29. COVID-19 Morbidity and Mortality in Social Network	Do you personally know anyone in your family, group of friends, or community networks who became seriously ill or died as a result of COVID-19? ☐ Yes ☐ No	Same	Same	Same
30. Vaccine Experience	Have you received a COVID-19 vaccine? ☐ Yes ☐ No (Continue with this column) ☐ Not sure	If "Yes" and not HCP, ask questions in this column	If "No" and HCP, ask questions in this column.	If "Yes" and HCP, ask questions in this column.
31. Vaccine Experience	N/A	Did you receive a vaccine product that requires only one dose or two doses? ☐ One dose ☐ Two Doses ☐ I don't know	N/A	Did you receive a vaccine product that requires only one dose or two doses? ☐ One dose ☐ Two doses ☐ I don't know
32. Vaccine Experience	N/A	During what month/year did you receive the **first** dose of COVID-19 vaccine? ☐ *Year _____ ☐ *Month _____ ☐ Not sure **Use drop-down or calendar function instead of free text. If two boxes for month and year, give "not sure" option for both*	N/A	During what month/year did you receive the **first** dose of COVID-19 vaccine? ☐ *Year _____ ☐ *Month _____ ☐ Not sure **Use drop-down or calendar function instead of free text. If two boxes for month and year, give "not sure" option for both*

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33. Vaccine Experience	N/A	During what month/year did you receive the **second** dose of COVID-19 vaccine*? ☐ **Year _____ ☐ **Month _____ ☐ Not sure **Only if respondent indicated they have received two or more doses.* ***Allow drop-down or calendar function instead of free text. If two boxes for month and year, give "not sure" option for both.*	N/A	During what month/year did you receive the **second** dose of COVID-19 vaccine*? ☐ **Year _____ ☐ **Month _____ ☐ Not sure **Only if respondent indicated they have received two or more doses.* ***Allow drop-down or calendar function instead of free text. If two boxes for month and year, give "not sure" option for both.*
34. Vaccine Experience	N/A	At what kind of place did you receive the most recent dose of COVID-19 vaccine? ☐ At my workplace ☐ Family physician or other physician's office ☐ Health department clinic ☐ Hospital ☐ Health department clinic ☐ Free-standing retail pharmacy or drug store (e.g., Walgreens or CVS store) ☐ In-store pharmacy (e.g., CVS inside Target store, Publix pharmacy) ☐ Other _____ ☐ Not Sure	N/A	At what kind of place did you receive the most recent dose of COVID-19 vaccine? ☐ At my workplace ☐ Family physician or other physician's office ☐ Health department clinic ☐ Hospital ☐ Health department clinic ☐ Free-standing retail pharmacy or drug store (e.g., Walgreens or CVS store) ☐ In-store pharmacy (e.g., CVS inside Target store, Publix pharmacy) ☐ Other _____ ☐ Not Sure

Domain: Practical Factors

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35. General Vaccination – Ease of Access	N/A	How likely are you to recommend getting the COVID-19 vaccine to others? ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely		Same as column (B)
36. General Vaccination – Ease of Access	How easy do you think it will be to get a COVID-19 vaccine for yourself? Would you say… ☐ Very easy ☐ Somewhat easy ☐ Somewhat difficult ☐ Very difficult ☐ Not sure	How easy do you think it will be to get a COVID-19 vaccine for yourself? Would you say… ☐ Very easy ☐ Somewhat easy ☐ Somewhat difficult ☐ Very difficult ☐ Not sure	Same as column (A)	Same as column (B)

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37. General Vaccination – Reasons for Low Access	What makes it difficult for you to get a COVID-19 vaccine? * (Select all that apply.) ☐ I can't go on my own (I have a physical limitation). ☐ It's too far away. ☐ I don't know where to go to get vaccinated. ☐ I'm not eligible to get a COVID-19 vaccine. ☐ I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past). ☐ I don't have transportation. ☐ The hours of operation are inconvenient. ☐ The waiting time is too long. ☐ It is difficult to find or make an appointment. ☐ I am too busy to get vaccinated. ☐ It was difficult to arrange for childcare. ☐ I don't have time off work. ☐ Other ☐ Not sure **Skip for respondents who answered "Very easy" in previous question.*	What made it difficult for you to get a COVID-19 vaccine? * (Select all that apply.) ☐ I couldn't go on my own (I have a physical limitation). ☐ It's too far away ☐ I didn't know where to go to get vaccinated. ☐ I didn't have transportation. ☐ I wasn't eligible to get a COVID-19 vaccine ☐ The hours of operation are inconvenient ☐ The waiting time was too long. ☐ It was difficult to find or make an appointment. ☐ I was too busy to get vaccinated. ☐ It was difficult to arrange for childcare. ☐ I didn't have time off work. ☐ Other ☐ Not sure	What makes it difficult for you to get a COVID-19 vaccine? * (Select all that apply.) ☐ I am concerned side effects will prevent me from going to work. ☐ I can't go on my own (I have a physical limitation) ☐ It's too far away ☐ I don't know where to go to get vaccinated. ☐ I'm not eligible to get a COVID-19 vaccine. ☐ I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past). ☐ I don't have transportation. ☐ The hours of operation are inconvenient. ☐ The waiting time is too long. ☐ It was difficult to find or make an appointment. ☐ I don't have time off work. ☐ Other ☐ Not sure	What made it difficult for you to get a COVID-19 vaccine? * (Select all that apply.) ☐ I was concerned side effects would prevent me from going to work. ☐ I couldn't go on my own (I have a physical limitation). ☐ It was too far away. ☐ I didn't know where to go to get vaccinated. ☐ I wasn't eligible to get a COVID-19 vaccine. ☐ I didn't have transportation. ☐ The hours of operation were inconvenient. ☐ The waiting time was too long. ☐ It was difficult to find or make an appointment.

Domain: Thinking and Feeling

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38. Perceived Risk – Self	How concerned are you about getting COVID-19? ☐ Not at all concerned ☐ A little concerned ☐ Moderately concerned ☐ Very concerned	How concerned were you about getting COVID-19? ☐ Not at all concerned ☐ A little concerned ☐ Moderately concerned ☐ Very concerned	Same as column (A)	Same as column (B)
39. COVID-19 Vaccine – Confidence in Vaccine Safety (Safe)	How safe do you think a COVID-19 vaccine will be for you? Would you say… ☐ Not at all safe ☐ A little safe ☐ Moderately safe ☐ Very safe	N/A	Same	N/A

Domain: Motivation

ITEM CONSTRUCT	(A) CORE ITEMS FOR *ADULTS* WHO HAVE *NOT YET* BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR *HCP* WHO HAVE *NOT YET* BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
40. COVID-19 Vaccine – Intention	If a COVID-19 vaccine were available to you, would you get it? ☐ Yes, would get it as soon as possible ☐ Yes, but plan to wait to get it ☐ No ☐ Not sure	N/A	Same as column (A)	N/A
41. COVID-19 Vaccine – Confidence in Vaccine Safety (Safe)	If you have a choice, at what kind of place would you prefer to get COVID-19 vaccine? * ☐ At my workplace ☐ Family physician or other physician's office ☐ Health department clinic ☐ Other clinic, health center, or other medically related place, specify_____ ☐ Hospital ☐ Free-standing retail pharmacy or drug store (e.g., Walgreens or CVS store) ☐ In-store pharmacy (e.g., CVS inside Target store, Publix pharmacy) ☐ Other _____ ☐ Not sure **If answered "yes" to previous question on intent.*	N/A	Same as column (A)	N/A

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42. COVID-19 Primary Motivator	What would motivate you to get vaccinated? (Select all that apply.) ☐ Protect my health ☐ Protect health of family/friends ☐ Protect health of co-workers ☐ Protect health of community ☐ To get back to work/school ☐ To resume social activities ☐ To resume travel ☐ Because others encouraged me to get vaccinated ☐ Other ☐ Not sure	What would motivate you to get vaccinated? (Select all that apply.) ☐ Protect my health ☐ Protect health of family/friends ☐ Protect health of co-workers ☐ Protect health of community ☐ To get back to work/school ☐ To resume social activities ☐ To resume travel ☐ Because others encouraged me to get vaccinated ☐ Other ☐ Not sure	Same as column (A)	Same as column (B)
43. COVID-19 Primary Motivator	What would motivate you to get vaccinated? (Select all that apply.) ☐ Protect my health ☐ Protect health of family/friends ☐ Protect health of co-workers ☐ Protect health of community ☐ To get back to work/school ☐ To resume social activities ☐ To resume travel ☐ Because others encouraged me to get vaccinated ☐ Other ☐ Not sure	What would motivate you to get vaccinated? (Select all that apply.) ☐ Protect my health ☐ Protect health of family/friends ☐ Protect health of co-workers ☐ Protect health of community ☐ To get back to work/school ☐ To resume social activities ☐ To resume travel ☐ Because others encouraged me to get vaccinated ☐ Other ☐ Not sure	What would motivate you to get vaccinated? (Select all that apply.) ☐ Protect my health ☐ Protect health of family/friends ☐ Protect health of co-workers ☐ Protect health of community ☐ To get back to work/school ☐ To resume social activities ☐ To resume travel ☐ Because others encouraged me to get vaccinated ☐ Other ☐ Not sure	What would motivate you to get vaccinated? (Select all that apply.) ☐ Protect my health ☐ Protect health of family/friends ☐ Protect health of co-workers ☐ Protect health of community ☐ To get back to work/school ☐ To resume social activities ☐ To resume travel ☐ Because others encouraged me to get vaccinated ☐ Other ☐ Not sure

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44. COVID-19 Vaccine – Willingness to Recommend	N/A	N/A	How comfortable do you feel addressing patient concerns about the COVID-19 vaccine (e.g. concerns about side effects)? ☐ Very comfortable ☐ Somewhat comfortable ☐ Comfortable ☐ Somewhat uncomfortable ☐ Very uncomfortable	How comfortable do you feel addressing patient concerns about the COVID-19 vaccine (e.g. concerns about side effects)? ☐ Very comfortable ☐ Somewhat comfortable ☐ Comfortable ☐ Somewhat uncomfortable ☐ Very uncomfortable

Domain: Social Processes

ITEM CONSTRUCT	(A) CORE ITEMS FOR *ADULTS* WHO HAVE *NOT YET* BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR *HCP* WHO HAVE *NOT YET* BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
45. COVID-19 Vaccine – Workplace Norms	Do you think most of the people at your work or school will get a COVID-19 vaccine, if it is recommended for them? ☐ Yes ☐ No ☐ Not sure ☐ I am not currently working or attending school.	Same	Same	Same
46. COVID-19 Vaccine – Descriptive Social Norms	Do you think most of your friends and family will get a COVID-19 vaccine, if it is recommended for them? ☐ Yes ☐ No ☐ Not sure	Same	Same	Same
47. COVID-19 Vaccine – Descriptive Social Norms	If you were to be vaccinated, how likely would you be to wear a mask in public after vaccination? ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely	Now that you have been vaccinated, how likely are you to stay at least 6 feet away from others in public? ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely	Same as column (A)	Same

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48. COVID-19 Vaccine – Descriptive Social Norms	If you were to be vaccinated, how likely would you be to stay at least 6 feet away from others after vaccination? ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely	Now that you have been vaccinated, how likely are you to stay at least 6 feet away from others in public? ☐ Not at all likely ☐ Somewhat likely ☐ Extremely likely	Same as column (A)	Same as column (B)
49. COVID-19 Vaccine – Descriptive Social Norms	How much do you trust the public health agencies that recommend you get a COVID-19 vaccine? Would you say you trust them: ☐ Not at all ☐ A little ☐ Moderately ☐ Very Much	How much do you trust the public health agencies that recommended you get a COVID-19 vaccine? Would you say you trusted them: ☐ Not at all ☐ A little ☐ Moderately ☐ Very Much	Same as column (A)	Same as column (B)
50. COVID-19 Vaccine – HCP Stigma	N/A	N/A	Have you been treated poorly by others during the COVID-19 pandemic because you are a healthcare worker? ☐ Yes ☐ No ☐ Not sure	Have you been treated poorly by others during the COVID-19 pandemic because you are a healthcare worker? ☐ Yes ☐ No ☐ Not sure

Domain: Infodemic

ITEM CONSTRUCT	(A) CORE ITEMS FOR *ADULTS* WHO HAVE *NOT YET* BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR *HCP* WHO HAVE *NOT YET* BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
51. COVID-19 Vaccine – Infodemic	Have you seen or heard any information about COVID-19 vaccines (e.g., on the news, on social media, or from friends and family) that you could not determine were true or false? ☐ Yes ☐ No ☐ Not sure	Prior to getting vaccinated, did you see or hear any information about COVID-19 vaccines (e.g., on the news, on social media, or from friends and family) that you could not determine were true or false? ☐ Yes ☐ No ☐ Not sure	Same as column (A)	Same as column (B)
52. COVID-19 Vaccine – Too Much Information	How do you feel about the amount of information on COVID-19 vaccines that you are getting? ☐ I'm not getting enough information. ☐ I'm getting enough information. ☐ I'm getting too much information.	Prior to getting vaccinated, how did you feel about the amount of information on COVID-19 vaccines that you were getting? ☐ I didn't get enough information. ☐ I got enough information. ☐ I got too much information.	Same as column (A)	Same as column (B)
53. COVID-19 Vaccine – Ease of Information Access	Do you know where to get accurate, timely information about COVID-19 vaccines? ☐ Yes ☐ No ☐ Not sure	Prior to getting vaccinated, did you know where to get accurate, timely information about COVID-19 vaccines? ☐ Yes ☐ No ☐ Not sure	Same as column (A)	Same as column (B)

ITEM CONSTRUCT	(A) CORE ITEMS FOR *ADULTS* WHO HAVE *NOT YET* BEEN VACCINATED	(B) CORE ITEMS FOR ADULTS WHO HAVE BEEN VACCINATED	(C) CORE ITEMS FOR *HCP* WHO HAVE *NOT YET* BEEN VACCINATED	(D) CORE ITEMS FOR HCP WHO HAVE BEEN VACCINATED
54. COVID-19 Vaccine – Ease of Information Access	Select your top 3 *most trusted* sources of information about COVID-19 vaccines: ☐ Centers for Disease Control and Prevention (CDC) ☐ Employer ☐ Family and friends ☐ Food and Drug Administration (FDA) ☐ Health insurers ☐ Hospital system websites (e.g. Kaiser Permanente) ☐ Local health officials ☐ News sources (e.g., television, internet, and radio) ☐ Nurses ☐ Pharmacists ☐ Primary care providers ☐ Professional organization(s) ☐ Religious leader(s) ☐ State health departments ☐ Online publishers of medical information (such as WebMD or Mayo Clinic) ☐ Social media (such as Facebook, Twitter, Instagram, WhatsApp, LinkedIn, or TikTok) ☐ Union leader(s) ☐ Other	Same	Same	Same