



Employee Vaccine Sentiment Survey

1. [FILL IN] Employer Name:
2. [FILL IN] Work Address:
 - a. City:
 - b. State:
 - c. Zip code:
3. [MULIPLE CHOICE] Gender Identity:
 - a. Female
 - b. Male
 - c. Other
4. [MULIPLE CHOICE] Race/Ethnicity (select all that apply):
 - a. Black/African American
 - b. Latinx
 - c. American Indian/Alaska Native
 - d. Native Hawaiian/Pacific Islander
 - e. Asian/Asian American
 - f. White/European American
5. What is your age?
 - a. <18
 - b. 18-24
 - c. 25-34
 - d. 35-44
 - e. 45-54
 - f. 55-64
 - g. 65-74
 - h. 75+
6. [MULIPLE CHOICE] When available, do you plan on getting the vaccine?
 - a. Yes
 - i. [MULIPLE CHOICE] What motivates you most to get vaccinated against COVID-19? Select all that apply.
 1. I want to protect myself
 2. I want to protect the people I love
 3. I want to protect my community
 4. I want to "return back to normal"
 5. Other

b. No

i. [MULIPLE CHOICE] What are your greatest concerns about the COVID-19 vaccine? Select all that apply.

1. I don't trust the vaccine is safe
2. I don't think a COVID-19 vaccination would protect me from getting sick with COVID-19
3. I am concerned that the vaccine could give me COVID-19 or make me sick
4. I am concerned about long-term side effects and want to wait until more people get vaccinated
5. I've had bad experience with other vaccines
6. I don't trust the government
7. I don't trust the medical community
8. Other

c. Still thinking about it

i. What would be useful in making your decision?

1. Having more information on the health effects of the vaccine
2. Having more information on how the vaccine was approved
3. Having more information on how the vaccine works
4. Seeing more people get the vaccine that look like me
5. Being able to talk to someone about questions I have on the vaccine
6. Other

7. What are your main barriers to vaccination? Select all that apply.

- a. Not enough information about the vaccine
- b. No information about when and how I can receive the vaccine
- c. Not enough information translated into different languages
- d. No medical provider/health insurance/identification
- e. No transportation to/from getting the COVID-19 vaccine
- f. Other