

Individual vaccine survey

What zip code do you live in? *

Which vaccinations did you receive? *

Check all that apply

- COVID-19 Vaccination (Moderna/Pfizer)
- COVID Booster
- Flu/Influenza vaccine
- Pneumococcal
- Shingles
- Other
- None

What motivated you to get vaccinated today? *

Check all that apply

- Protect my health
- Protect the health of family and friends
- Protect the health of coworkers
- Protect the health of the community
- Get back to regular activities. E.g., see friends, travel
- Because my doctor encouraged me to get vaccinated
- Because my friends/family encouraged me to get vaccinated
- Other
- Not sure

What other motivation did you have for getting vaccinated today?

How satisfied were you with the information you received about the vaccine? *

Select only one

- Very satisfied
- Satisfied
- Unsure
- Dissatisfied
- Very dissatisfied

How much trust do you have in the process of getting the vaccine? *

Select only one

- Strong trust
- Moderate trust
- No trust
- Don't know

How likely are you to get another booster or new COVID vaccine in the future? *

Select only one

- Very likely
- Somewhat likely
- Not likely

How likely are you to get an annual flu/influenza shot in the future? *

Select only one

- Very likely
- Somewhat likely
- Not likely

How old are you today? *

Select only one

- Age 18 - 49
- Age 50 - 54
- Age 55 - 59
- Age 60 - 64
- Age 65 - 74
- Age 75 - 84
- Age 85+
- Prefer not to answer

Did anyone come with you to this event today? *

Select only one

- Yes
- No
- I prefer not to answer

How old was the person who came with you today? *

Select only one

- Age 18 - 49
- Age 75 - 84
- Age 50 - 54
- Age 55 - 59
- Age 60 - 64
- Age 65 - 74
- Age 85+
- Prefer not to answer

What race do you identify as? *

Check all that apply

- American Indian, Alaska Native, or Indigenous
- Asian or Asian American
- Black or African American
- Hispanic, Latino/a/x, or Latin American
- Middle Eastern, or North African
- Multiracial or multi-ethnic
- Native Hawaiian or Other Pacific Islander
- White
- Other
- I prefer not to answer

What gender do you identify as? *

Check all that apply

- Female
- Male
- Transgender
- Non-binary or gender non-conforming person
- Different identity
- I prefer not to answer

Please specify the gender you identify with

Which sexual orientation do you identify with? *

Check all that apply

- Straight or Heterosexual
- Lesbian or Gay
- Bisexual
- Other
- I prefer not to answer

Please specify your sexual orientation

What is the primary language you speak at home? *

Select only one

- Arabic
- Chinese
- English
- French
- Japanese
- Portuguese
- Spanish
- Other
- I prefer not to answer

Please specify the primary language you speak at home

Do you have a disability? *

Select only one

- Yes
- No
- I prefer not to answer

Please indicate the type of disability

Check all that apply

- Mobility limitations
- Intellectual or developmental disability
- Blind or visually impaired
- Deaf or hard of hearing
- Other