



Florida VIP for Healthy Communities
Vaccinate. Immunize. Protect.

Vaccine & Demographic Questionnaire

Influenza/Flu Vaccines

1. Have you been vaccinated for flu in the 2022-2023 season (August 2022 – May 2023)?
 - a. Yes
 - b. No, and I don't plan to get the flu vaccine this season
 - c. No, but I plan to between now-May 20XX
 - d. No, but I might get the flu vaccine this season
 - e. I don't know

2. If anything, what has made it difficult for you to get a flu vaccine? (Select all that apply. If more than 1 is selected please rank your top three.)

- N/A I already took the flu vaccine
- I do not find it difficult to get a vaccine
- Taking time off work
- Making time to schedule an appointment
- Long wait to get a doctor's appointment to discuss the need
- Long wait to get an appointment for the vaccine
- Limited on no internet access to schedule an appointment
- Limited or no internet access to research the vaccine
- The cost
- Transportation or how far you would have to travel
- Someone to take me to the appointment
- Family/friends who don't want me to get it even though I want to
- Medical racism/discrimination from providers
- The vaccine is not necessary
- I do not believe in the science of vaccines

- _____ Too much confusing information about the vaccine
- _____ Taking away my right to take the vaccine in my own time
- _____ Other (please explain)_____

3. If you have not gotten a flu vaccine, what or who, if anything, would motivate you to get one?
- a. Paid time off work to recover
 - b. Lottery entry
 - c. Cash bonus
 - d. Pin to show off vaccination like "I Voted" sticker
 - e. Other (Please explain)_____

COVID-19 Vaccines

4. Have you taken any of the COVID-19 vaccines?
- a. Yes
 - b. No, and I don't plan to get a COVID-19 vaccine
 - c. No, not yet but I might get a COVID-19 vaccine later
 - d. I don't know
5. If anything, what has made it difficult for you to get a COVID-19 vaccine? (Select all that apply. If more than 1 is selected please rank your top three.)
- _____ N/A I already took the flu vaccine
 - _____ I do not find it difficult to get a vaccine
 - _____ Taking time off work
 - _____ Making time to schedule an appointment
 - _____ Long wait to get a doctor's appointment to discuss the need
 - _____ Long wait to get an appointment for the vaccine
 - _____ Limited on no internet access to schedule an appointment
 - _____ Limited or no internet access to research the vaccine
 - _____ The cost
 - _____ Transportation or how far you would have to travel
 - _____ Someone to take me to the appointment

- _____ Family/friends who don't want me to get it even though I want to
- _____ Medical racism/discrimination from providers
- _____ The vaccine is not necessary
- _____ I do not believe in the science of vaccines
- _____ Too much confusing information about the vaccine
- _____ Taking away my right to take the vaccine in my own time
- _____ Other (please explain) _____

6. If you have not gotten COVID-19 vaccine, what or who, if anything, would motivate you to get one?

- a. Paid time off work to recover
- b. Lottery entry
- c. Cash bonus
- d. Pin to show off vaccination like "I Voted" sticker
- e. Other (Please explain) _____

7. What do you think is the highest risk if someone in your community does not get a COVID-19 vaccine?

- _____ They will get severely ill for a short time and miss work (a week or two)
- _____ Their health overall will suffer for a long time (more than a month)
- _____ They will die
- _____ They will pass the illness to a friend/family member
- _____ Illness continues spreading in the community
- _____ Economic harm from missing work
- _____ Economic harm because work is shut down/layoffs happen
- _____ Other highest risk (please specify): _____

Vaccines in General

8. When you think about whether to get any vaccine, whose opinion is most important to you? (Select all that apply. If more than 1 is selected please rank your top three selections.)

_____ Medical professional(s)

- i. My Doctor
- ii. Doctor of a family member (child/parent)
- iii. Pharmacist
- iv. Community clinic health care worker

_____ Family members

_____ Friends

_____ Church leaders/pastors

_____ Employer

_____ Local Government officials

_____ State Government officials

_____ Federal Government officials

_____ Media (TV/Radio/newspaper) personalities

_____ Celebrity influencer(s)

_____ Cooperative/County Extension

_____ Other (Please explain) _____

9. In general, what **top three** formats would you prefer to learn about vaccinations for adults? Please pick 3 by marking 1, 2, and 3, where 1 is your top choice, 2 is next most preferred, and so on.

_____ Newspaper

_____ Radio

_____ Television

_____ Commercials/public service announcements

_____ Video (e.g., YouTube/documentary)

_____ Friends/neighbors/relatives

_____ Internet (what sites?)

_____ Social media (which ones/platforms?)

_____ Email/newsletter

- _____ Postal/direct mail
- _____ Billboard poster/flyer

10. How often do you seek out information about vaccinations?

- _____ Regularly, such as every year
- _____ When I see my doctor for a checkup
- _____ When someone in my family gets sick
- _____ Never

11. From where or who have you learned about vaccines for adults? Please select all that apply:

- _____ My Doctor
- _____ My child's doctor
- _____ My parent's doctor
- _____ Pharmacist
- _____ Community clinic
- _____ Employer
- _____ Government (which sites/groups?) _____
- _____ Mass Media (TV/Radio/newspaper)
- _____ Social media
- _____ Internet – please specify what kinds of sites: _____
- _____ Church
- _____ Friends
- _____ Family
- _____ Cooperative/County Extension
- _____ Local university health departments – please specify departments:

- _____ Other universities – please specify universities:

- _____ Other – Please specify

- _____ None (I do not learn about adult vaccines)

12. For which of the following have you been vaccinated in the past five years? Please select all that apply.

- COVID-19
- Influenza
- Shingles
- Tetanus/TDAP
- HPV
- Pneumonia
- Hepatitis A, B, or C
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Other (please specify) _____

13. If have you taken a vaccine in the past or would like to take a vaccine as an adult, for example for COVID-19, flu, or shingles, etc., for what reason would you do it? Please select all that apply.

- Protect myself
- Protect my family
- Protect my community
- Doctor suggested it
- School required it
- Employer required it
- Family suggested it
- Extended family or friends required it
- Government suggested it
- Government required it
- Other (please specify) _____

14. Pick one of the following that most represents your views:

- I get every vaccine as soon as it is recommended to me.
- I wait to see what others are doing before I get a recommended vaccine.
- I am concerned about the costs (money and/or time) of getting a recommended vaccine.

_____ I have concerns about the healthcare system that is recommending a vaccine.

_____ I have doubts that the disease will affect me when a vaccine is recommended.

15. Have you ever been told by a doctor or other health care professional that you have any of the following conditions? (Choose all that apply)

_____ Type 2 diabetes

_____ High Blood Pressure

_____ Heart Disease

_____ Overweight/Obesity

_____ Cancer

_____ Immunocompromised

_____ None

_____ Prefer not to answer

Demographics Questionnaire

16. In which Florida County do you reside?

_____ Franklin

_____ Gadsden

_____ Hamilton

_____ Jackson

_____ Suwannee

_____ Taylor

_____ Other (please provide) _____

17. How old are you? _____ Years

18. What is your gender?

_____ Male

_____ Female

_____ Other

_____ Prefer not to answer

19. What is your current marital status?

Married

Widowed

Divorced

Separated

Never Married

Living with Partner

20. Which of the following best describes you?

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

Other (specify) _____

21. Are you Hispanic or Latino?

Yes

No

22. What is your current occupation?

23. What is the highest level of education that you have completed?

Below GED or below High School Graduate

GED or High School Graduate

Some College, Vocational or Technical Training

Graduated 2-year Associate Degree

Graduated 4-year Bachelor Degree

Graduate or Professional Degree

Prefer not to answer

24. What is your average household income? Please indicate **only** one.

less than \$15,000

\$15,001 - \$30,000

\$30,001 - \$45,000

\$45,001 - \$60,000

more than \$60,001

Prefer not to answer