



Event Survey: COVID, RSV & Influenza



Thank you for joining us at this event. Lincoln University would like to know your thoughts about COVID-19, RSV, & Influenza vaccinations. If you feel that you need assistance on a question, please ask for help from your local Lincoln University Cooperative Extension representative or local pharmacy representative that is present at the event. Thank you for taking time to answer these questions.

2. Please indicate the county in which you live:

- Butler
- Dunklin
- Jackson
- Mississippi
- New Madrid
- Pemiscot
- Scott
- St. Louis City
- Cape Girardeau
- Stoddard
- Other _____

3. Please select your age range.

- younger than 18
- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 or older

4. What is your race / ethnicity? (Select all that apply)

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic/Latino
- Other _____
- Rather not answer

5. How much do you trust the public health agencies (such as your county health department or state's department of health & human services) that recommend you get a COVID-19 vaccine? Would you say you trust them:

- Not at all
- A little
- Moderately
- Very much

6. 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

7. What would motivate you the most to get vaccinated against COVID-19? (Please select one.):

- 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

8. 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

9. 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

10. What makes it difficult for you to get a COVID-19 vaccine? * (Please 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 childcare.
- I don't have time off work.
- Other _____
- Not sure

11. How much do you trust the public health agencies (such as your county health department or state's department of health & human services) that recommend you get an RSV vaccine? Would you say you trust them:

- Not at all
- A little
- Moderately
- Very much

12. How safe do you think an RSV vaccine will be for you? Would you say...:

- Not at all safe
- A little safe
- Moderately safe
- Very safe

13. What would motivate you the most to get vaccinated against RSV? (Please select one.):

- 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

14. Do you think most of your friends and family will get an RSV vaccine, if it is recommended for them?

- Yes
- No
- Not Sure

15. How easy do you think it will be to get an RSV vaccine for yourself? Would you say...

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Not sure

16. What makes it difficult for you to get an RSV vaccine? * (Please 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 childcare.
- I don't have time off work.
- Other _____
- Not sure

17. How much do you trust the public health agencies (such as your county health department or state's department of health & human services) that recommend you get a Flu vaccine? Would you say you trust them:

- Not at all
- A little
- Moderately
- Very much

18. How safe do you think a Flu vaccine will be for you? Would you say...:

- Not at all safe
- A little safe
- Moderately safe
- Very safe

19. What would motivate you the most to get vaccinated against the Flu? (Please select one.):

- 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

20. Do you think most of your friends and family will get a Flu vaccine, if it is recommended for them?

- Yes
- No
- Not Sure

21. How easy do you think it will be to get a Flu vaccine for yourself? Would you say...

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Not sure

22. What makes it difficult for you to get a Flu vaccine? * (Please 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 childcare.
- I don't have time off work.
- Other _____
- Not sure

23. From the beginning of the pandemic to now, do you feel more confident that vaccines support good health?

- Yes, very confident
- Somewhat confident
- Not Sure
- Less confident
- Not confident at all

24. Will you encourage your family and friends to get the Flu, RSV, and COVID-19 vaccines?

- Yes
- No
- Not Sure