

COVID Vaccine Questionnaire

Record ID _____

Date _____

Participant Name _____

SNO/Participant ID number _____

How Many Children Do You Have? _____

What are the ages of your children?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18

Do you feel comfortable receiving vaccinations in general?

- Yes
 No
-

Do you feel comfortable having your children receive vaccinations (all types)?

- Yes
 No
-

Are you up-to-date with your vaccines?

- Yes
 No
-

1. Is/Are your child(ren) up-to-date with their vaccines?

- Yes
 No
-

Have you had COVID-19 infection (confirmed by laboratory testing)?

- Yes
 No
-

Have any of your children had laboratory confirmed COVID-19 infection?

- Yes
 No
-

Have any of the other adults in your household had laboratory confirmed COVID-19?

- Yes
 No
-

Have any of the other children in your household had laboratory confirmed COVID-19?

- Yes
 No
-

Do you plan or receiving the COVID-19 vaccine when it is offered to you (or have you already received it)?

- Yes
 No

What are the reasons you are saying no?

- You do not trust the science.
- You do not trust medicine.
- You think the vaccine hasn't been around long enough.
- You think you can survive COVID without the vaccine.
- You don't want the side effects from the vaccine.

Do you plan on allowing your child(ren) to get the COVID-19 vaccine when it becomes available?

Yes
 No

Has anyone in your household already been vaccinated already with the COVID-19 vaccine?

Yes
 No

Do your family members influence your views on COVID-19 vaccination?

Yes
 No

Do your friends influence your views on the COVID-19 vaccine?

Yes
 No

Do your co-workers influence your views on the COVID-19 vaccine?

Yes
 No

Does social media impact your views on COVID-19 vaccination?

Yes
 No

Does the news media impact your views on COVID-19 vaccination?

Yes
 No

How nervous and concerned about side effects are you to receive the COVID-19 vaccine for yourself (when you become available)? (1 concerned, 10 very concerned)

1
 2
 3
 4
 5
 6
 7
 8
 9
 10

How nervous and concerned about side effects are you to receive the COVID-19 vaccine for your children (when you become available)? (1 unconcerned, 10 very concerned)

1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Is there anything which can make you more comfortable with receiving COVID-19 vaccination?

Is there anything which can make you more comfortable with receiving COVID-19 vaccination for your children?
