Vaccine Survey: Finding ways to help this Community Become Healthier

1. How often do you get vaccines that are recommended to you?  Circle One:
   a) Always    b) Sometimes    c) Never

2. Have you received a vaccine in the last year?  Yes ___ No___

3. How often do you go to the doctor’s office?  (circle one)
   Every 1-2 months    Every 3-6 months    Every 7-12 months
   Every 2-3 years    Every 5 years    Every 10 years

4. Please indicate by checking one of the boxes how much the following factors affect your decision to get a vaccine, ranging from “very likely to affect my decision” and “not at all likely to affect my decision.”

<table>
<thead>
<tr>
<th>Not at all likely</th>
<th>Not very likely</th>
<th>Neutral</th>
<th>Somewhat likely</th>
<th>Very likely</th>
</tr>
</thead>
</table>
   A. Trust in government agency’s recommendations, for example: the Centers for Disease Control (the CDC) | ☐              | ☐      | ☐               | ☐           | ☐           |
   B. My doctor’s recommendation | ☐              | ☐      | ☐               | ☐           | ☐           |
   C. My religious beliefs | ☐              | ☐      | ☐               | ☐           | ☐           |
   D. My family or my cultural beliefs | ☐              | ☐      | ☐               | ☐           | ☐           |
   E. Worry about other ingredients in vaccines (chemicals or foods, such as pork or eggs) | ☐              | ☐      | ☐               | ☐           | ☐           |
   F. Knowing why I should get vaccines | ☐              | ☐      | ☐               | ☐           | ☐           |
   G. Knowing which vaccines I need | ☐              | ☐      | ☐               | ☐           | ☐           |
   H. The cost of vaccines | ☐              | ☐      | ☐               | ☐           | ☐           |
   I. The time it takes to get a vaccine | ☐              | ☐      | ☐               | ☐           | ☐           |
   J. My access to reliable transportation | ☐              | ☐      | ☐               | ☐           | ☐           |
K. Dislike or fear of needles

L. Concern about getting sick if I get a vaccine

M. Belief that I am healthy and do not need vaccines

N. Belief that getting the disease will give me better immunity

O. Preference for using alternative / non-traditional / natural medicines

P. Other: ________________

Questions 5 - 17: Please check “yes” or “no” to answer the questions below.

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Are you aware that there are guidelines and recommendations for vaccines for adults?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Do you think vaccines are beneficial for you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Do you have diabetes or heart disease?</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>Did you know that there are vaccines that can reduce your risk of infection and keep you out of the hospital if you have diabetes or heart disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Do you have asthma or do you smoke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Did you know that vaccines can reduce the chances of people with asthma or smokers getting pneumonia, which is a bacterial infection, causes shortness of breath, requires antibiotics, and can require you to be hospitalized?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Do you have kidney disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Did you know that there are vaccines that can reduce your risk of infection and keep you out of the hospital if you have kidney disease?</td>
<td></td>
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</tr>
</tbody>
</table>
13. Do you have liver disease? □ □

14. Did you know that there are vaccines that can reduce your risk of infection and keep you out of the hospital if you have liver disease? □ □

15. Do you have small children at home, or are you around small children often? □ □

16. Did you know that adults who are around small children need a vaccine to decrease the risk of passing pertussis, or whooping cough (a serious and deadly lung infection) to children? □ □

17. Did you get vaccines as a child? □ □

18. Did you know that pharmacists can give vaccines in the pharmacy, and no appointment is necessary? Yes □ No □

19. What is the most you would be willing to pay out of pocket for a necessary vaccine? (Circle one):

   $0  $10  $15  $20

20. How do you pay for health care services?
   __ Medicaid (Caresource, Molina, Buckeye)
   __ Medicare
   __ Veterans Affairs
   __ Community drug discount program or 340B
   __ Commercial/private insurance
   __ I have no insurance, I pay for all healthcare myself

21. What is your gender?
   __ Male
   __ Female
   __ Transgender: male to female
   __ Transgender: female to male
   __ Another gender: ________

22. Education Level:
   __ Less than high school education (or equivalent)
   __ High school education (or equivalent)
   __ College Education (or equivalent)
   __ Graduate Education (or equivalent)

23. How old are you?
   __ 18-30 years
   __ 31-40 years
   __ 41-50 years
   __ 51-60 years
   __ 61-70 years
   __ over 70 years
24. What is your ethnicity? Check any that apply
   ___ African American
   ___ African
   ___ Hispanic
   ___ Somali
   ___ Caucasian / White
   ___ Asian
   ___ Other: ________

25. Marital status:
   ___ Single
   ___ Married
   ___ Divorced
   ___ Widowed
   ___ Separated

26. **Yearly** Household income:
   ___ less than $10,000
   ___ $10,000 to $20,000
   ___ $20,000 to $30,000
   ___ $30,000 to $40,000
   ___ $40,000 to $50,000
   ___ greater than $50,000