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Description automatically generated

*If you intend to use this questionnaire for your project, please cite the publication and inform the authors by sending an e-mail to* [*preparedness@hsph.harvard.edu*](mailto:preparedness@hsph.harvard.edu)

1. **Have you taken the COVID-19 vaccine? (Screening question)**

* Yes, I received two doses
* Yes, I received one dose and the vaccine I took does not require a second dose
* I have received one dose of a two-dose COVID-19 vaccine and I plan to get my second dose
* I have received one dose of a two-dose COVID-19 vaccine, but I am not sure if I will get my second dose
* I have received one dose of a two-dose COVID-19 vaccine, but I do not plan to get the second dose
* Not yet, but I have an appointment scheduled
* No, and I do not have an appointment scheduled

1. **What is your sex?**

* Male
* Female

1. **What is your age?**

* 18-24
* 25-34
* 35-44
* 45-54
* Over 54

1. **What race/ethnicity do you consider yourself?**

* White, Non-Hispanic
* Black, Non-Hispanic
* Asian, Non-Hispanic
* Two or more races
* Hispanic
* Prefer not to say
* Other, please specify: **\_\_\_\_\_\_\_\_\_\_\_**

1. **What is the highest level of schooling you have completed?**

* Less than high school
* High school or equivalent
* Some college
* Bachelor's degree
* Post-graduate degree (i.e. Master, PhD, MD, etc)
* Other, please specify: **\_\_\_\_\_\_\_\_\_\_\_**

1. **Select the employment status that best describes your current situation [select one option only]:**

* I am working--paid employee
* I am working--self-employed
* I am not working--on unemployment
* I am not working--on paid leave or furloughed
* I am not working--searching for work
* I am retired
* I am not working--on disability or worker's comp
* I am not working--and not looking for a job
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_

1. **Have you received or requested any of the following forms of support since the start of the COVID-19 pandemic?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not requested or received | Have requested but have not yet received | Have requested but the request was rejected | Received |
| Unemployment benefits |  |  |  |  |
| Wage support (supplement or replacement while still in employment or short-time working schemes) |  |  |  |  |
| Paid sick leave or paid care leave (for example, for those who had to self-isolate or take care of children or dependent adults) |  |  |  |  |
| State aid to businesses |  |  |  |  |
| Other support from public services to help with living expenses or household needs (e.g. benefits, allowances, vouchers, food) |  |  |  |  |

1. **How concerned are you about any of the following situations?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Very concerned | Somewhat concerned | Not concerned |
| Contracting COVID-19 at work?  (For example: your work settings that is not your home) |  |  |  |
| Contracting COVID-19 outside of work?  (For example: at the grocery store, when you are using transportation, or in other aspects of your daily life) |  |  |  |
| Infecting your family or friends with COVID-19? |  |  |  |

1. **Do you feel you are receiving fully transparent information about the COVID-19 situation from your national government officials?**

* Not at all
* Moderately transparent information
* Very transparent information
* I do not know

1. **I think that most of the measures taken so far by the US government to respond to the COVID-19 pandemic have been:**

* Just right
* Excessive
* Not useful
* Counter-productive
* I do not know

1. **If you were offered a COVID-19 vaccine - at no cost to you - how likely are you to take it?**

* Very likely
* Somewhat likely
* I am not sure
* Somewhat unlikely
* Very unlikely
* I would not take it at the moment but would consider it later on

1. **How much do you agree or disagree with the following statements?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Somewhat disagree | Unsure | Somewhat agree | Agree | Strongly Agree |
| You cannot get COVID-19 from the vaccine itself |  |  |  |  |  |  |  |
| There are no toxic ingredients in the vaccine that can harm your health |  |  |  |  |  |  |  |
| The vaccine cannot mess up your DNA |  |  |  |  |  |  |  |
| The vaccine cannot cause infertility |  |  |  |  |  |  |  |
| The vaccine cannot cause other diseases |  |  |  |  |  |  |  |
| The fast production of the vaccine did not compromise its safety |  |  |  |  |  |  |  |
| There is no microchip with tracking capabilities inserted in the vaccine |  |  |  |  |  |  |  |