

# VACCINE CONFIDENCE SURVEY QUESTION BANK

This document contains CDC's recommended survey items on COVID-19 vaccine confidence and uptake. Select questions relevant to your population or study design. There are three sets of tables:

- [Adult-Focused Questions](#)
- [Parent-Focused Questions](#)
- [Healthcare Worker Questions](#)

## Adult-Focused Questions

Domain	Construct	Question	Response Scale
Thinking and feeling	Perceived susceptibility	How concerned are you about getting COVID-19?	<ul style="list-style-type: none"> <li>• Not at all concerned</li> <li>• A little concerned</li> <li>• Somewhat concerned</li> <li>• Very concerned</li> </ul>
Thinking and feeling	Confidence in vaccine effectiveness	How important do you think getting a COVID-19 vaccine is to protect yourself against COVID-19?	<ul style="list-style-type: none"> <li>• Not at all important</li> <li>• A little important</li> <li>• Somewhat important</li> <li>• Very important</li> </ul>
Thinking and feeling	Confidence in vaccine safety	How safe do you think a COVID-19 vaccine is for you?	<ul style="list-style-type: none"> <li>• Not at all safe</li> <li>• Somewhat safe</li> <li>• Very safe</li> <li>• Completely safe</li> </ul>



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## COVID-19 Vaccine Confidence: Rapid Community Assessment Tool

Domain	Construct	Question	Response Scale
Thinking and feeling	Had COVID-19	To your knowledge, have you ever had COVID-19?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Thinking and feeling	Anticipated regret	<p>How much do you agree with the following statement?</p> <p><b><i>If no vaccine doses received</i></b> If I do not get a COVID-19 vaccine, I will regret it.</p> <p><b><i>If any vaccine doses received</i></b> If I had not gotten a COVID-19 vaccine, I would have regretted it.</p>	<ul style="list-style-type: none"> <li>• Do not agree</li> <li>• Somewhat agree</li> <li>• Strongly agree</li> <li>• Very strongly agree</li> </ul>
Thinking and feeling	Perceived vaccine benefits	<p>[Do / Did] you feel the need to get a COVID-19 vaccine so that you [can / could] do the following?</p> <p><b><i>Select all that apply.</i></b></p>	<ul style="list-style-type: none"> <li>• Socialize with family</li> <li>• Socialize with friends</li> <li>• Attend mass public gatherings (e.g., sporting events or music festivals)</li> <li>• Travel by plane</li> <li>• Attend religious services</li> <li>• Go to a healthcare facility</li> <li>• Receive medical care</li> <li>• Go to work or school</li> <li>• Not wear a mask</li> <li>• None of the above</li> </ul>
Thinking and feeling	Trust	How much do you trust the healthcare providers who gave you a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Do not trust</li> <li>• Somewhat trust</li> <li>• Mostly trust</li> <li>• Fully trust</li> </ul>



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## COVID-19 Vaccine Confidence: Rapid Community Assessment Tool

Domain	Construct	Question	Response Scale
Thinking and feeling	Trust	How much do you trust the public health agencies that recommend COVID-19 vaccines?	<ul style="list-style-type: none"> <li>• Do not trust</li> <li>• Somewhat trust</li> <li>• Mostly trust</li> <li>• Fully trust</li> </ul>
Social processes	Social norms	If you had to guess, about how many of your family and friends have received a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• None</li> <li>• Some</li> <li>• Many</li> <li>• Almost all</li> </ul>
Social processes	Provider recommendation	Has a doctor, nurse, or other health professional ever recommended that you get a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Social processes	Exposure to misinformation	In the last month, have you seen or heard any negative information about the safety or effectiveness of COVID-19 vaccines?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Social processes	Vaccine information	In the past month, how often have you tried to find information about COVID-19 vaccines?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely</li> <li>• Sometimes</li> <li>• Often</li> <li>• Not sure</li> </ul>
Social processes	Social pressure	[Do / Did] you feel any of the following tried to influence you to get a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Family</li> <li>• Friends</li> <li>• Your employer</li> <li>• Coworkers</li> <li>• Schools</li> <li>• Businesses you go to (e.g., restaurants or grocery stores)</li> </ul>



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			<ul style="list-style-type: none"> <li>• Celebrities or influencers</li> <li>• Religious leaders</li> <li>• Doctors or other healthcare providers</li> <li>• Government officials</li> <li>• None of these</li> </ul>
Social processes	Social pressure	[Do / Did] you feel any of the following tried to influence you to AVOID getting a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Family</li> <li>• Friends</li> <li>• Your employer</li> <li>• Coworkers</li> <li>• Schools</li> <li>• Businesses you go to (e.g., restaurants or grocery stores)</li> <li>• Celebrities or influencers</li> <li>• Religious leaders</li> <li>• Doctors or other healthcare providers</li> <li>• Government officials</li> <li>• None of these</li> </ul>
Social processes	Social responsibility	<p>How much do you agree with the following statement?</p> <p>I have a responsibility to get vaccinated for COVID-19 to protect others.</p>	<ul style="list-style-type: none"> <li>• Do not agree</li> <li>• Somewhat agree</li> <li>• Strongly agree</li> <li>• Very strongly agree</li> </ul>



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## COVID-19 Vaccine Confidence: Rapid Community Assessment Tool

Domain	Construct	Question	Response Scale
Practical issues	Perceived access	How difficult [would it be for you / was it for you] to get a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Not at all difficult</li> <li>• A little difficult</li> <li>• Somewhat difficult</li> <li>• Very difficult</li> </ul>
Practical issues	Incentives	Have you heard of cash prizes or other rewards being offered in your area to people who get a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Practical issues	Requirements	Does your work or school require you to get a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unemployed/Not applicable (not in school, home schooled)</li> <li>• Not sure</li> </ul>
Practical issues	Self-efficacy	How much do you agree with the following statement:  I can get a COVID-19 vaccine if I want to.	<ul style="list-style-type: none"> <li>• Do not agree</li> <li>• Somewhat agree</li> <li>• Strongly agree</li> <li>• Very strongly agree</li> </ul>
Practical issues	Perceived barriers	Many things might make it difficult to get a COVID-19 vaccine. Which of the things in this list [made]/[makes] it difficult for you?	<ul style="list-style-type: none"> <li>• Getting an appointment online</li> <li>• Not knowing where to get vaccinated</li> <li>• Hard to get to vaccination sites</li> <li>• Vaccination sites aren't open at convenient times</li> <li>• None of these</li> </ul>



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Domain	Construct	Question	Response Scale
Practical issues	Incentives	[Have you been / Were you] offered cash prizes or other rewards [to get a / before you got your first] COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Practical issues	Incentives	How does offering cash prizes or other rewards to get a COVID-19 vaccine affect your trust in a vaccine?	<ul style="list-style-type: none"> <li>• Decreases my trust</li> <li>• Has no influence on my trust</li> <li>• Increases my trust</li> </ul>
COVID-19 vaccination	Behavior	Have you received at least one dose of a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
COVID-19 vaccination	Behavior	How many doses of a COVID-19 vaccine have you received?	<ul style="list-style-type: none"> <li>• One</li> <li>• Two</li> <li>• More than two</li> <li>• Not sure</li> </ul>
COVID-19 vaccination	Brand	Which brand of COVID-19 vaccine did you receive?	<ul style="list-style-type: none"> <li>• Pfizer-BioNTech</li> <li>• Moderna</li> <li>• Johnson &amp; Johnson / Janssen</li> <li>• Other</li> <li>• Not sure</li> </ul>
COVID-19 vaccination	Intentions	<p><b><i>If no vaccine doses received</i></b></p> <p>How likely are you to get a COVID-19 vaccine?</p>	<ul style="list-style-type: none"> <li>• Definitely get a vaccine</li> <li>• Probably get a vaccine</li> <li>• Not sure</li> <li>• Probably not get a vaccine</li> <li>• Definitely not get a vaccine</li> </ul>



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Domain	Construct	Question	Response Scale
COVID-19 vaccination	Other vaccinations	In the past two years, have you received any type of vaccine that was not a COVID-19 vaccine, such as seasonal flu, pneumonia, or a shingles vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
COVID-19 vaccination	Behavior	During what month and year did you receive your first COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Month/Year</li> <li>• Not sure</li> </ul>
Demographic	Age	What is your current age?	[Numeric entry]
Demographic	Age	What is the age of your child?	[Numeric entry]
Demographic	Gender	What is your gender?	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Non-binary</li> <li>• Something else</li> </ul>
Demographic	Transgender identity	Do you consider yourself transgender?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Demographic	Sexual orientation	What best describes your sexual orientation?	<ul style="list-style-type: none"> <li>• Heterosexual/straight</li> <li>• Lesbian or gay</li> <li>• Bisexual</li> <li>• Something else</li> </ul>
Demographic	Pregnancy/lactation	Are you currently trying to get pregnant, pregnant, or breastfeeding?	<ul style="list-style-type: none"> <li>• Trying to get pregnant</li> <li>• Pregnant</li> <li>• Breastfeeding</li> <li>• None of the above</li> </ul>



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Demographic	Hispanic ethnicity	Are you of Hispanic or Latino origin?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Demographic	Race	Please choose one or more of the following categories to describe your race.	<ul style="list-style-type: none"> <li>• White</li> <li>• Black or African American</li> <li>• American Indian</li> <li>• Alaska Native</li> <li>• Native Hawaiian</li> <li>• Pacific Islander</li> <li>• Something else _____</li> </ul>
Demographic	Zip code	What is your zip code?	<ul style="list-style-type: none"> <li>• [Text entry]</li> </ul>
Demographic	Household size	Including the adults and all the children, how many people live in your household?	<ul style="list-style-type: none"> <li>• [Numeric entry]</li> </ul>
Demographic	Nativity	Were you born in the United States?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Demographic	Education	What is the highest grade or year of school you have completed?	<ul style="list-style-type: none"> <li>• 8th grade or less</li> <li>• 9th-12th grade, no diploma</li> <li>• High school graduate or GED completed</li> <li>• Completed a vocational, trade, or business school program</li> <li>• Some college credit but no degree</li> <li>• Associate degree (AA, AS)</li> <li>• Bachelor's degree (BA, BS, AB)</li> </ul>



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Domain	Construct	Question	Response Scale
			<ul style="list-style-type: none"> <li>• Master's degree (MA, MS, MSW, MBA)</li> <li>• Doctorate (PHD, EDD) or professional degree (MD, DDS, DVM, JD)</li> </ul>
Demographic	Essential worker	Are you a frontline or essential worker according to your state or region?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Demographic	Occupation	In what location or setting do you currently work?	<ul style="list-style-type: none"> <li>• Healthcare (e.g., hospital, doctor, dentist or mental health specialist office, outpatient facility, long-term care, home health care, pharmacy, medical laboratory)</li> <li>• Social service (e.g., child, youth, family, older adult, disability services)</li> <li>• Preschool or daycare</li> <li>• K-12 school</li> <li>• Other schools and instructional settings (e.g., college, university, professional, business, technical or trade school, driving school, test preparation, tutoring)</li> <li>• First response (e.g., police or fire protection, emergency relief services)</li> </ul>



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			<ul style="list-style-type: none"> <li>• Death care (e.g., funeral home, crematory, cemetery)</li> <li>• Correctional facility (e.g., jail, prison, detention center, reformatory)</li> <li>• Food and beverage store (e.g., grocery store, warehouse club, supercenters, convenience store, specialty food store, bakery)</li> <li>• Agriculture, forestry, fishing, or hunting</li> <li>• Food manufacturing facility (e.g., meat-processing, produce packing, food or beverage manufacturing)</li> <li>• Non-food manufacturing facility (e.g., metals, equipment and machinery, electronics)</li> <li>• Public transit (e.g., bus, commuter rail, subway, school bus)</li> <li>• United States Postal Service</li> <li>• Other</li> <li>• Not sure</li> </ul>
Demographic	Income	Please think about your total combined family income during 2020 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so	<ul style="list-style-type: none"> <li>• Less than \$5,000</li> <li>• \$5,001-\$10,000</li> <li>• \$10,001-\$20,000</li> <li>• \$20,001-\$40,000</li> </ul>



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		forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you select that amount before taxes?	<ul style="list-style-type: none"> <li>• \$40,001-\$60,000</li> <li>• \$60,001-\$75,000</li> <li>• \$75,000-\$150,000</li> <li>• \$150,001 or more</li> <li>• Not sure</li> </ul>
Demographic	Insurance	Do you have any kind of health care coverage? This includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service.	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Demographic	Experience of discrimination	When seeking health care in the last two years, do you feel your experiences were worse than, the same as, or better than people of other races or ethnicities?	<ul style="list-style-type: none"> <li>• Worse than other races or ethnicities</li> <li>• The same as other races or ethnicities</li> <li>• Better than other races or ethnicities</li> </ul>
Demographic	Eligibility	Do you have a health condition that may put you at a higher risk for COVID-19?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Demographic	Eligibility	<p><i>If yes or not sure of health condition</i></p> <p>Can you tell me what that is?</p> <p>Please specify _____</p>	<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Chronic kidney disease</li> <li>• Chronic lung diseases (chronic obstructive pulmonary disease or COPD)</li> <li>• Asthma (moderate to severe)</li> </ul>



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			<ul style="list-style-type: none"> <li>• Interstitial lung disease, cystic fibrosis, or pulmonary hypertension</li> <li>• Dementia or other neurological conditions</li> <li>• Diabetes (type 1 or 2)</li> <li>• Down syndrome</li> <li>• Heart conditions (e.g., heart failure, coronary artery disease, cardiomyopathies or hypertension)</li> <li>• HIV infection</li> <li>• Immunocompromised state (weakened immune system)</li> <li>• Liver disease (e.g., chronic liver disease, such as alcohol-related liver disease, nonalcoholic fatty liver disease, and cirrhosis [scarring of the liver])</li> <li>• Overweight (high BMI)</li> <li>• Pregnancy</li> <li>• Sickle cell disease or thalassemia (hemoglobin blood disorder)</li> <li>• Smoking (current or former)</li> <li>• Solid organ or blood stem cell transplant (including bone marrow transplant)</li> <li>• Stroke or cerebrovascular disease</li> </ul>



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			<ul style="list-style-type: none"> <li>• Substance use disorders (e.g., alcohol, opioid, or cocaine use disorder)</li> <li>• Other</li> <li>• Not sure</li> </ul>
Demographic	Cognitive difficulty	Do you have serious difficulty seeing, hearing, walking, remembering, making decisions, or communicating?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Demographic	Other COVID-19 behaviors	In the past seven days, how often have you worn a mask when going into indoor public spaces like restaurants, stores, or other businesses?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> <li>• I didn't go to the store/Not applicable</li> </ul>
Demographic	Mental health	Would you say your mental health is excellent, very good, good, fair, or poor?	<ul style="list-style-type: none"> <li>• Excellent</li> <li>• Very good</li> <li>• Good</li> <li>• Fair</li> <li>• Poor</li> </ul>



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## COVID-19 Vaccine Confidence: Rapid Community Assessment Tool

### Parent-Focused Questions

Domain	Construct	Question	Response Scale
Thinking and feeling	Perceived susceptibility	How concerned are you about your child getting COVID-19?	<ul style="list-style-type: none"> <li>• Not at all concerned</li> <li>• A little concerned</li> <li>• Somewhat concerned</li> <li>• Very concerned</li> <li>• Don't know</li> <li>• Refused</li> </ul>
Thinking and feeling	Confidence in vaccine effectiveness	Once your child is eligible for a vaccine, how important do you think getting a COVID-19 vaccine is to protect [child's name] against COVID-19?	<ul style="list-style-type: none"> <li>• Not at all important</li> <li>• A little important</li> <li>• Somewhat important</li> <li>• Very important</li> <li>• Don't know</li> <li>• Refused</li> </ul>
Thinking and feeling	Confidence in vaccine safety	How safe do you think a COVID-19 vaccine is for your child?	<ul style="list-style-type: none"> <li>• Not at all safe</li> <li>• Somewhat safe</li> <li>• Very safe</li> <li>• Completely safe</li> <li>• Don't know</li> <li>• Refused</li> </ul>
Thinking and feeling	Had COVID-19	To your knowledge, has your child ever had COVID-19?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't know</li> <li>• Refused</li> </ul>



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Domain	Construct	Question	Response Scale
Thinking and feeling	Anticipated regret	How much do you agree with the following statement: "If I do not get [child's name] a COVID-19 vaccine, I will regret it." "If I had not gotten my child a COVID-19 vaccine, I would have regretted it."	<ul style="list-style-type: none"> <li>Do not agree</li> <li>Somewhat agree</li> <li>Strongly agree</li> <li>Very strongly agree</li> <li>Don't know</li> <li>Refused</li> </ul>
Thinking and feeling	Perceived vaccine benefits	[Do / Did] you feel the need to get your child a COVID-19 vaccine so that they could do the following?  Check all that apply.	<ul style="list-style-type: none"> <li>Socialize with family</li> <li>Socialize with friends</li> <li>Attend mass public gatherings (e.g., sporting events or music festivals)</li> <li>Travel by plane</li> <li>Attend religious services</li> <li>Go to a healthcare facility</li> <li>Receive medical care</li> <li>Go to work or school</li> <li>Not wear a mask</li> <li>None of the above</li> </ul>
Thinking and feeling	Trust	How much do you trust the healthcare providers who gave your child a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>Do not trust</li> <li>Somewhat trust</li> <li>Mostly trust</li> <li>Fully trust</li> </ul>
Thinking and feeling	Trust	How much do you trust the public health agencies that recommend COVID-19 vaccines?	<ul style="list-style-type: none"> <li>Do not trust</li> <li>Somewhat trust</li> <li>Mostly trust</li> <li>Fully trust</li> </ul>



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Social processes	Social norms	If you had to guess, about how many of your family and friends have gotten a COVID-19 vaccine for their children aged [XX-XX] years?	<ul style="list-style-type: none"> <li>• None</li> <li>• Some</li> <li>• Many</li> <li>• Almost all</li> <li>• Don't know</li> <li>• Refused</li> </ul>
Social processes	Provider recommendation	Has a doctor or nurse, or other health professional ever recommended that you get a COVID-19 vaccine for your child?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't know</li> <li>• Refused</li> </ul>
Social processes	Exposure to misinformation	In the last month, have you seen or heard any negative information about the safety or effectiveness of COVID-19 vaccines?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Social processes	Vaccine information	In the past month, how often have you tried to find information about COVID-19 vaccines?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely</li> <li>• Sometimes</li> <li>• Often</li> <li>• Not sure</li> </ul>
Social processes	Social pressure	[Do / Did] you feel any of the following tried to influence you to get your child a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Family</li> <li>• Friends</li> <li>• Your employer</li> <li>• Coworkers</li> <li>• Schools</li> </ul>



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			<ul style="list-style-type: none"> <li>• Businesses you go to (e.g., restaurants or grocery stores)</li> <li>• Celebrities or influencers</li> <li>• Religious leaders</li> <li>• Doctors or other healthcare providers</li> <li>• Government officials</li> <li>• None of these</li> </ul>
Social processes	Social Pressure	[Do / Did] you feel any of the following tried to influence you to AVOID getting your child a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Family</li> <li>• Friends</li> <li>• Your employer</li> <li>• Coworkers</li> <li>• Schools</li> <li>• Businesses you go to (e.g., restaurants or grocery stores)</li> <li>• Celebrities or influencers</li> <li>• Religious leaders</li> <li>• Doctors or other healthcare providers</li> <li>• Government officials</li> </ul>
Social processes	Social Responsibility	How much do you agree with the following statement: I have a responsibility to get my child vaccinated for COVID-19 to protect others.	<ul style="list-style-type: none"> <li>• Do not agree</li> <li>• Somewhat agree</li> <li>• Strongly agree</li> <li>• Very strongly agree</li> </ul>



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Practical issues	Perceived access	How difficult would it be for you/was it for you to get your child a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Not at all difficult</li> <li>• A little difficult</li> <li>• Somewhat difficult</li> <li>• Very difficult</li> </ul>
Practical issues	Incentives	Have you heard of cash prizes or other rewards being offered in your area to people who get a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Practical issues	Incentives	[Have you been / Were you] offered cash prizes or other rewards [to get a / before your child got their first] COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Practical issues	Incentives	How does offering cash prizes or other rewards to get a COVID-19 vaccine for your child affect your trust in the vaccines?	<ul style="list-style-type: none"> <li>• Decreases my trust</li> <li>• Has no influence on my trust</li> <li>• Increases my trust</li> </ul>
Practical issues	Requirements	Does your child's school require them to get a COVID-19 vaccine to attend in-person classes?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not in school, home schooled</li> <li>• Not know</li> <li>• Refused</li> </ul>
Practical issues	Self-efficacy	How much do you agree with the following statement: I can get my child a COVID-19 vaccine if I want to.	<ul style="list-style-type: none"> <li>• Do not agree</li> <li>• Somewhat agree</li> <li>• Strongly agree</li> <li>• Very strongly agree</li> </ul>
Practical issues	Perceived barriers	Many things might make it difficult to get a COVID-19 vaccine for your child. Select which of the following make it difficult for your child.	<ul style="list-style-type: none"> <li>• Getting an appointment online</li> <li>• Not knowing where to get vaccinated</li> <li>• Hard to get to vaccination sites</li> <li>• Vaccination sites aren't open at convenient times</li> <li>• None of these</li> </ul>



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## COVID-19 Vaccine Confidence: Rapid Community Assessment Tool

Domain	Construct	Question	Response Scale
COVID-19 vaccination	Behavior	Has your child received at least one dose of a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Don't know</li> <li>• Refuse</li> </ul>
COVID-19 vaccination	Behavior	How many doses of a COVID-19 vaccine has your child received?	<ul style="list-style-type: none"> <li>• One</li> <li>• Two</li> <li>• More than two</li> <li>• Don't know</li> <li>• Refused</li> </ul>
COVID-19 vaccination	Behavior	During what month and year did your child receive their first COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Month/Year</li> <li>• Not sure</li> </ul>
COVID-19 vaccination	Brand	Which brand of COVID-19 vaccine did you receive?	<ul style="list-style-type: none"> <li>• Pfizer-Biontech</li> <li>• Moderna</li> <li>• Johnson &amp; Johnson / Janssen</li> <li>• Other</li> <li>• Not sure</li> </ul>
COVID-19 vaccination	Intentions	<b>ASK IF NO VACCINE DOSES RECEIVED</b>  Once your child is eligible for a vaccine, how likely are you to get your child a COVID-19 vaccine?	<ul style="list-style-type: none"> <li>• Definitely get a vaccine</li> <li>• Probably get a vaccine</li> <li>• Not sure</li> <li>• Probably not get a vaccine</li> <li>• Definitely not get a vaccine</li> <li>• Not Sure</li> <li>• Don't know</li> <li>• Refused</li> </ul>
COVID-19 vaccination	Other vaccinations	In the past two years, have you received any type of vaccine that was not a COVID-19 vaccine, such as seasonal flu?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>



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Domain	Construct	Question	Response Scale
Demographic	Eligibility	What age is your child?	<ul style="list-style-type: none"> <li>Numeric</li> </ul>
Demographic	Eligibility	Does your child have a health condition that may put them at a higher risk for COVID-19?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Not sure</li> </ul>
Demographic	Eligibility	<p>ASK IF YES OR NOT SURE ABOUT HEALTH CONDITION</p> <p>Can you tell me what that is?</p> <p>Please specify _____</p>	<ul style="list-style-type: none"> <li>Cancer</li> <li>Chronic kidney disease</li> <li>Chronic lung diseases (chronic obstructive pulmonary disease or COPD)</li> <li>Asthma (moderate to severe), interstitial lung disease, cystic fibrosis, or pulmonary hypertension</li> <li>Dementia or other neurological conditions</li> <li>Diabetes (type 1 or 2)</li> <li>Down syndrome</li> <li>Heart conditions (e.g., heart failure, coronary artery disease, cardiomyopathies or hypertension)</li> <li>HIV infection</li> <li>Immunocompromised state (weakened immune system)</li> <li>Liver disease (e.g., chronic liver disease, such as alcohol-related liver disease, nonalcoholic fatty liver disease, and cirrhosis [scarring of the liver])</li> <li>Overweight (high BMI)</li> </ul>



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			<ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Sickle cell disease or thalassemia (hemoglobin blood disorder)</li> <li>• Smoking (current or former)</li> <li>• Solid organ or blood stem cell transplant (including bone marrow transplant)</li> <li>• Stroke or cerebrovascular disease</li> <li>• Substance use disorders (e.g., alcohol, opioid, or cocaine use disorder)</li> <li>• Other</li> <li>• Not sure</li> </ul>
Demographic	Other COVID-19 behaviors	In the past 7 days, how often has your child worn a mask when going into indoor public spaces like schools, stores, restaurants, or other indoor spaces?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> <li>• I didn't go to the store/Not applicable</li> <li>•</li> </ul>
Demographic	Mental health	Would you say you child's mental health is: excellent; very good; good; fair; or poor?	<ul style="list-style-type: none"> <li>• Excellent</li> <li>• Very good</li> <li>• Good</li> <li>• Fair</li> <li>• Poor</li> <li>•</li> </ul>
Demographic	Age	What is your child's current age?	<ul style="list-style-type: none"> <li>• [Numeric entry]</li> </ul>



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Domain	Construct	Question	Response Scale
Demographic	Gender	What is your child's gender?	<ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Non-binary</li> <li>• Something else</li> </ul>
Demographic	Transgender identity	Would you consider your child as transgender or non-binary?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> <li>•</li> </ul>
Demographic	Sexual orientation	What best describes your child's sexual orientation?	<ul style="list-style-type: none"> <li>• Heterosexual/straight</li> <li>• Lesbian or gay</li> <li>• Bisexual</li> <li>• Something else</li> <li>• Not applicable</li> </ul>
Demographic	Hispanic Ethnicity	Is your child of Hispanic or Latino origin?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Demographic	Race	Please choose one or more of the following categories to describe your child's race.	<ul style="list-style-type: none"> <li>• White</li> <li>• Black or African American</li> <li>• American Indian</li> <li>• Alaska Native</li> <li>• Native Hawaiian</li> <li>• Pacific Islander</li> <li>• Something else _____</li> </ul>
Demographic	Experience of discrimination	When seeking health care in the last two years, do you feel your child's experiences were worse than, the same as, or better than people of other races or ethnicities?	<ul style="list-style-type: none"> <li>• Worse than other races or ethnicities</li> <li>• The same as other races or ethnicities</li> <li>• Better than other races or ethnicities</li> </ul>



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Domain	Construct	Question	Response Scale
Demographic	Insurance	Does your child have any kind of health care coverage? This includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service.	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>
Demographic	Income	Please think about your total combined family income during 2020 for all members of the family. Include money for jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, rent, or any other money income received. Can you select that amount before taxes?	<ul style="list-style-type: none"> <li>• Less than \$5,000</li> <li>• \$5,001-\$10,000</li> <li>• \$10,001-\$20,000</li> <li>• \$20,001-\$40,000</li> <li>• \$40,001-\$60,000</li> <li>• \$60,001-\$75,000</li> <li>• \$75,000-\$150,000</li> <li>• \$150,001 or more</li> <li>• Not sure</li> </ul>
Demographic	Zip code	What is your zip code?	<ul style="list-style-type: none"> <li>• Enter _____</li> </ul>
Demographic	Nativity	Was your child born in the United States?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Demographic	Household size	Including the adults and all the children, how many people live in your household?	<ul style="list-style-type: none"> <li>• [Numeric entry]</li> </ul>



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## COVID-19 Vaccine Confidence: Rapid Community Assessment Tool

### Healthcare Worker Questions

Domain	Construct	Question	Response Scale
Demographic	Health worker role	What is your current role?	<ul style="list-style-type: none"> <li>• What is your current role?</li> <li>• Physician (MD/DO)</li> <li>• Nurse</li> <li>• Paramedic/first responder</li> <li>• Physician assistant</li> <li>• Nurse practitioner</li> <li>• Allied health (e.g., MAs, tech, CNAs)</li> <li>• Community health worker</li> <li>• Pharmacist</li> <li>• Other health worker_____</li> </ul>
Demographic	Health worker setting	Do you currently work in any of the following locations?  <i>Select all that apply.</i>	<ul style="list-style-type: none"> <li>• Hospital</li> <li>• Physician's office, or other non-hospital setting (e.g., medical clinic, urgent care outpatient surgery center, or any other outpatient or ambulatory care setting)</li> <li>• Dentist office or dental clinic</li> <li>• Pharmacy</li> <li>• Nursing home, assisted living facility, or other long-term care facility</li> </ul>



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Domain	Construct	Question	Response Scale
			<ul style="list-style-type: none"> <li>• Home health agency or home health care</li> <li>• Emergency medical service (EMS) setting (e.g., pre-hospital EMS setting, ambulance, paramedic, patient transport service, fire department)</li> <li>• Other _____</li> </ul>
Motivation	Willingness to recommend	How comfortable do you feel addressing patient concerns about the COVID-19 vaccines (e.g., concerns about side effects)?	<ul style="list-style-type: none"> <li>• Very comfortable</li> <li>• Somewhat comfortable</li> <li>• Comfortable</li> <li>• Somewhat uncomfortable</li> <li>• Very uncomfortable</li> </ul>
Social Processes	HCP stigma	Have you been treated poorly by others during the COVID-19 pandemic because you are a healthcare worker?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not sure</li> </ul>



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