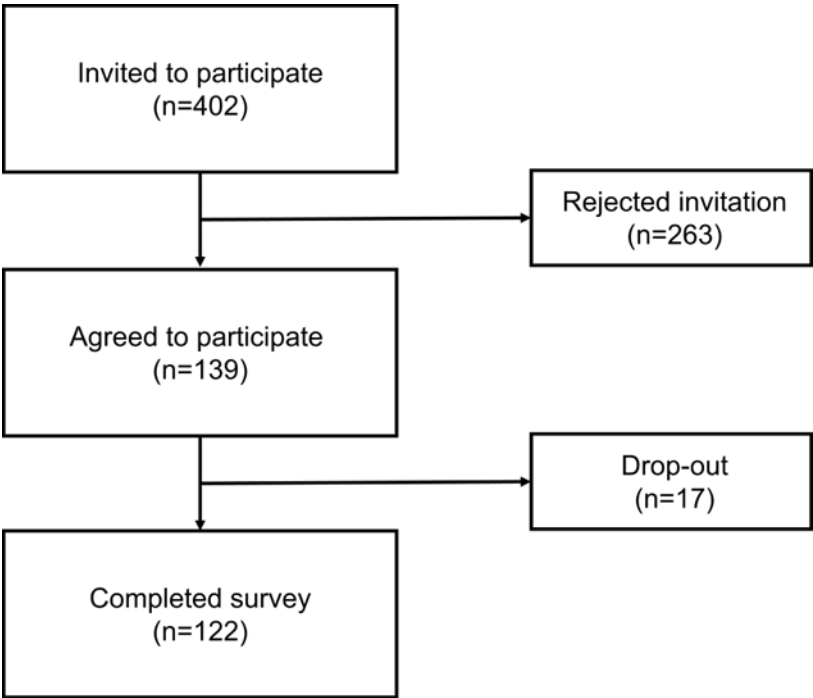
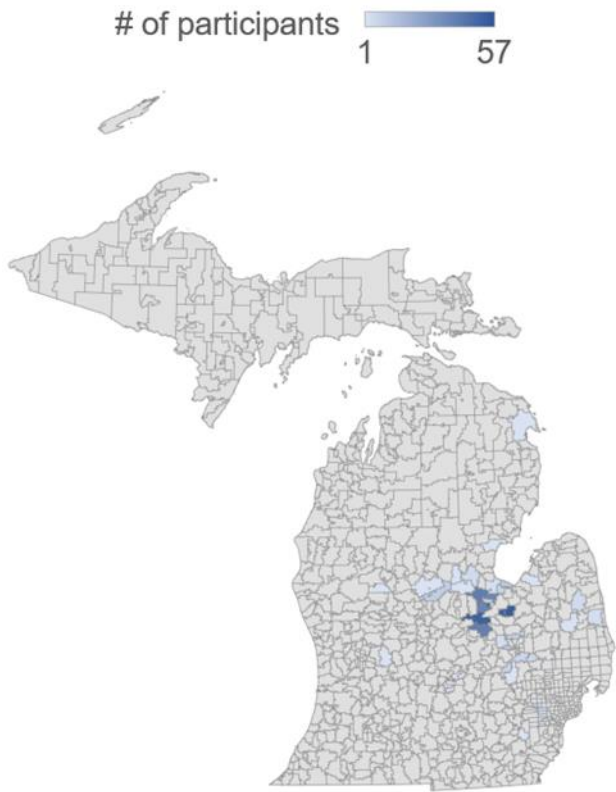


Supplementary File



**Figure S1. Response rate.** 402 clinicians were invited to participate in the survey. 34.5% (n=139) accepted the invitation. 30.3% accepted the invitation and completed the survey.



**Figure S2. Heat map of participant residence.** Residence of clinician participation on Michigan state map.

*Supplemental documents*

**Document S1. 45-item questionnaire given to HCWs in this study.**

**Supplemental Document S1: 45-item questionnaire given to HCWs in this study.**

DEMO1 How would you describe your gender?

- ☐ Female
  - ☐ Male
  - ☐ Transgender Female
  - ☐ Transgender Male
  - ☐ Gender Variant/Non-Conforming
  - ☐ Other (please specify): \_\_\_\_\_
  - ☐ Prefer Not to Answer
- 

DEMO2 What is your age?

- ☐ 18 – 24 years old
  - ☐ 25 – 34 years old
  - ☐ 35 – 44 years old
  - ☐ 45 – 54 years old
  - ☐ 55 – 64 years old
  - ☐ 65+ years old
-

DEMO3 Please specify your race.

- ☐ White or Caucasian
  - ☐ Black or African American
  - ☐ American Indian or Alaska Native
  - ☐ Asian
  - ☐ Native Hawaiian or Other Pacific Islander
  - ☐ Other (please specify): \_\_\_\_\_
- 

DEMO4

Please specify your ethnicity.

- ☐ Hispanic
  - ☐ Non-Hispanic
- 

DEMO5a Current Residence: City/Town Name

\_\_\_\_\_

---

DEMO5b Current Residence: Zip Code

\_\_\_\_\_

DEMO6 Provider type:

- ☐ Nurse
  - ☐ Nurse Practitioner
  - ☐ Pharmacist
  - ☐ Physician Assistant
  - ☐ Physician
  - ☐ Other \_\_\_\_\_
- 

DEMO7 Professional training status:

- ☐ Licensed Provider
  - ☐ Resident/Fellow
  - ☐ Intern
-

DEMO8 What is your medical specialty?

*Select all that apply.*

- ☐ Allergy and Immunology
- ☐ Anatomic/Clinical Pathology
- ☐ Anesthesiology
- ☐ Cardiovascular Disease
- ☐ Child and Adolescent Psychiatry
- ☐ Critical Care Medicine
- ☐ Dermatology
- ☐ Emergency Medicine
- ☐ Endocrinology, Diabetes and Metabolism
- ☐ Family Medicine/General Practice
- ☐ Gastroenterology
- ☐ General Surgery
- ☐ Geriatric Medicine
- ☐ Hematology and Oncology
- ☐ Infectious Disease
- ☐ Internal Medicine
- ☐ Internal Medicine/Pediatrics

- ☐ Interventional Cardiology
- ☐ Neonatal-Perinatal Medicine
- ☐ Nephrology
- ☐ Neurological Surgery
- ☐ Neurology
- ☐ Neuroradiology
- ☐ Obstetrics and Gynecology
- ☐ Ophthalmology
- ☐ Orthopedic Surgery
- ☐ Otolaryngology
- ☐ Pain Medicine and Pain Management
- ☐ Pediatric Cardiology
- ☐ Pediatric Hematology/Oncology
- ☐ Pediatrics
- ☐ Physical Medicine and Rehabilitation
- ☐ Plastic Surgery
- ☐ Preventive Medicine
- ☐ Psychiatry

☐ Pulmonary Disease

☐ Radiation Oncology

☐ Radiology and Diagnostic Radiology

☐ Rheumatology

☐ Sports Medicine (Orthopedic Surgery)

☐ Thoracic Surgery

☐ Urology

☐ Vascular and Interventional Radiology

☐ Vascular Surgery

☐ Other (please specify): \_\_\_\_\_

-----

FLU The following questions ask about your opinion on seasonal flu vaccinations.

---

FLU1 Have you been vaccinated against influenza (the flu) in the last year?

- ☐ Yes
  - ☐ No
  - ☐ Don't know
- 

FLU2 Do you plan on getting this season's influenza vaccine this fall?

- ☐ Yes, I am planning on receiving the vaccine.
  - ☐ No, I am not planning on receiving the vaccine.
  - ☐ Undecided
-



COVID The following ask about your COVID-19 infection and vaccine status.

---

COVID1 Since January 2020, have you been tested for the COVID-19 virus?

- ☐ Yes
  - ☐ No
  - ☐ Don't know
- 

COVID2 If given the opportunity to take a COVID-19 vaccine, how likely is it that you would get the vaccine/shot?

- ☐ Definitely will not
  - ☐ Very unlikely
  - ☐ Somewhat unlikely
  - ☐ Somewhat likely
  - ☐ Very likely
  - ☐ Definitely will
  - ☐ I have already received the COVID-19 vaccine
-

COVID3 Have you received a COVID-19 vaccine?

- ☐ Yes, I have received the first dose of a two dose COVID-19 vaccine (i.e. Pfizer-BioNTech, Moderna).
  - ☐ Yes, I have received both doses of a two dose COVID-19 vaccine (i.e. Pfizer-BioNTech, Moderna).
  - ☐ Yes, I have received one dose of a one dose COVID-19 vaccine (i.e. Johnson & Johnson's Janssen).
  - ☐ I am planning on getting vaccinated but have not received it yet.
  - ☐ I am NOT planning on getting vaccinated.
-

COVID\_Vac **The following questions ask about your opinion on the COVID-19 vaccine.**

---

COVID\_Vac\_op Please select '**AGREE**,' '**DISAGREE**,' or '**UNSURE**' for the following statements.

	AGREE	DISAGREE	UNSUR
I am concerned that I will be infected by the COVID-19 virus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that CDC recommendations, such as wearing a mask and social distancing, are effective against a COVID-19 infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if I get infected with COVID-19, I believe that I am healthy enough to fight it off.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about the mild reactions of a COVID-19 infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about the severe reactions of a COVID-19 infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust that a COVID-19 vaccine will give me immunity against a COVID-19 infection because it is safe and effective against a COVID-19 infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that it will benefit my body if I take a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been offered a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that the COVID-19 vaccines have adequate testing and results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The COVID-19 vaccines were developed and tested too quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about the side effects of a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about the long-term side effects of a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard to know whom to trust when it comes to COVID-19 vaccine information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have previously had a negative experience with other vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the healthcare experts/providers/system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have personally experienced mistreatment in the medical care system in the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Historical mistreatment of Black people in the medical care system makes me concerned about the COVID-19 vaccines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family/friends/co-workers have told me to receive a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family and friends do not plan to get a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My place of work/school/institution has told me to receive a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A source that I trust (i.e. news, website, etc.) told me to receive a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe it is better for my family, friends, and community if I receive a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not know where to sign up for a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It will be difficult to travel to a COVID-19 vaccination site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have health insurance to pay for a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about taking time off from my work/schedule to get a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worried about missing work if the side effects of a COVID-19 vaccine make me sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can find care for my dependent/child so that I can receive a COVID-19 vaccine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am hesitant to get a COVID-19 vaccine because of my religious beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Vacpt The following ask about your opinion on recommending the COVID-19 vaccine to a patient.

---

Vacpt1 Given what you currently know, how likely would you recommend a COVID-19 vaccine when it becomes available to the patients you consult or treat?

- ☐ Extremely likely
  - ☐ Very likely
  - ☐ Somewhat likely
  - ☐ Not too likely
  - ☐ Not at all likely
- 

Vacpt2 Please **rank** the most important factor for recommending a COVID-19 vaccine to a patient. 1 being **most** important and 7 being **least** important. *To rank the listed items, drag and drop each item.*

- \_\_\_\_\_ Efficacy of vaccine
- \_\_\_\_\_ Safety of vaccine and long-term follow up
- \_\_\_\_\_ Duration of protection by vaccine
- \_\_\_\_\_ Incidence of major and minor adverse effects
- \_\_\_\_\_ Recommendation of vaccine by political officials
- \_\_\_\_\_ Recommendation of vaccine by healthcare authorities
- \_\_\_\_\_ Current exposure to patients with active COVID-19 infection and risk of virus spread