

Attachment 1  
Vaccine Hesitancy

Each family should only complete ONE questionnaire.

**1. What age most closely matches the age of your youngest child that you brought to the clinic today?**

- a. 6 months-11 months
- b. 12 months-17 months
- c. 18 months-24 months
- d. 25 months-36 months
- e. 3- less than 4 years old
- f. 4- less than 5 years old

**2. What is the sex of this child?**

- a. Male
- b. Female

**3. What is your relationship to this child?**

- a. Mother
- b. Father
- c. Guardian
- d. Family Member
- e. Other

**4. Does your child have a developmental problem or disability that would make it difficult for them to communicate? (i.e. language delay, autism, other)**

- a. No
- b. Yes

**5. What percentage of your family members have been vaccinated currently?**

- a. 0%
- b. 1-25%
- c. 26-50%
- d. 51-75%
- e. 75-100%

**6. What is your likelihood of vaccinating your child for COVID-19 at this or future visits?**

- a. Unlikely ever to vaccinate
- b. Unlikely but may consider in the future when I know more
- c. Unlikely today but will do it in the future from what I know now
- d. Likely would do it today if I had time so will schedule later
- e. Very likely to do it today if available
- f. My child has received the vaccine

**7. If you do have any hesitancy about vaccinating your child for COVID-19 what may be some of the reasons? (May select more than one)**

- a. Need more information
- b. Need to see more children immunized
- c. I don't think it is needed because my child does not have any risks
- d. I don't think the vaccine will work for my child
- e. I think the vaccine is more likely to harm my child than help them
- f. I don't trust the pharmaceutical companies
- g. I don't trust the establishment government/healthcare

- h. Would like more time to discuss with family
- i. Would like more time to discuss with my doctor
- j. I have religious reasons why I do not want to vaccinate
- k. I don't have any hesitancy about vaccinating

**8. For Individuals whose children have received at least one dose of a COVID-19 vaccine, but have not completed the dosage schedule, how likely are you to have your child receive subsequent doses?**

- a. Very likely for my child receive all recommended doses
- b. Likely for my child to receive the next recommended dose but am hesitant for my child to receive subsequent doses (if next dose does not complete the series)
- c. Hesitant for my child to receive any subsequent doses
- d. Not likely for my child to receive any more doses
- e. My child has not yet received any COVID-19 vaccine
- f. My child has received all recommended doses.

**9. Do you or anyone in your household have any of the following conditions? (select all that apply)**

- a. Cancer
- b. Chronic kidney disease
- c. Chronic obstructive pulmonary disease
- d. Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
- e. Obesity or severe obesity
- f. Sickle cell disease
- g. Type 2 diabetes mellitus
- h. Immunocompromised due to genetic factors or organ transplant
- i. Current smoker
- j. None of the above

**10. To your knowledge, do you have, or have you had COVID-19?**

- a. Yes
- b. No
- c. I don't know

**11. If your answer to #10 is "NO" skip this question. If "Yes" describe the level of care you received or are receiving:**

- a. Did not seek medical care
- b. Received medical care but was not hospitalized
- c. Was hospitalized

**12. Do you personally know anyone in your family, group of friends, or community networks who became seriously ill or died as a result of COVID-19?**

- a. Yes
- b. No

**13. How concerned are you about your child getting COVID-19?**

- a. Not at all concerned
- b. A little concerned
- c. Moderately concerned
- d. Very concerned

**14. How safe do you think a COVID-19 vaccine will be for your child?**

- a. Not safe at all
- b. A little safe
- c. Moderately safe
- e. Very safe

**15. What would motivate you to allow your child to be vaccinated? (select all that apply)**

- a. Protect my child's health
- b. Protect health of myself/friends/family
- c. Protect health of child's friends and peers
- d. Protect health of community
- e. To get back to school/work
- f. To resume social activities
- g. To resume travel
- h. Because others encouraged me to allow my child to be vaccinated
- i. Other
- j. Not sure

**15. Have you seen or heard any information about COVID-19 vaccines (e.g., on the news, on social media, or from friends and family) that you could not determine were true or false?**

- a. Yes
- b. No
- c. Not sure

**16. How do you feel about the information on COVID-19 vaccines that you are getting?**

- a. I'm not getting enough information
- b. I'm getting enough information
- c. I'm getting too much information

**17. Do you know where to get accurate, timely information about COVID-19 vaccines?**

- a. Yes
- b. No
- c. Not sure

**18. Select your top 3 most trusted sources for information about COVID-19 vaccines:**

- a. Centers for Disease Control and Prevention (CDC)
- b. Employer
- c. Family and Friends
- d. Food and Drug Administration
- e. Health Insurers
- f. Hospital system websites (e.g., CHKD, Sentara)
- g. Local health officials
- h. News Sources (e.g., television, internet radio)

- i. Nurses
- j. Pharmacists
- k. Primary care providers
- l. Professional organization(s)
- m. Religious leader(s)
- n. State health departments
- o. Online publishers of medical information (such as WebMD or Mayo Clinic)
- p. Social media (such as Facebook, Twitter, Instagram, WhatsApp, LinkedIn, or Tik-Tok)
- q. Union leader(s)
- r. Other

**19. Where do you live in Hampton Roads?**

- a. Norfolk
- b. Virginia Beach
- c. Chesapeake
- d. Portsmouth
- e. Suffolk
- f. Newport News
- g. Hampton
- h. Other

**20. What is your age?**

- a. 18 to 24 years
- b. 25 to 34 years
- c. 35 to 44 years
- d. 45 to 54 years
- e. 55 to 64 years
- f. Age 65 or older

**21. What level of schooling did you complete?**

- a. Did not complete high-school
- b. High School or GED
- c. Some College including Business/Trade school
- d. 2-year College
- e. 4-year College

**22. What best describes your race/ethnicity?**

- a. Caucasian-White
- b. African-American- Black
- c. Hispanic
- d. Asian/Pacific Islander
- e. Native American
- f. Multi-racial
- g. Other

**23. What was your total household income before taxes during the past 12 months?**

- a. Less than \$25,000
- b. \$25,000 to \$34,999
- c. \$35,000 to \$49,999
- d. \$50,000 to \$74,999
- e. \$75,000 to \$99,999
- f. \$100,000 to \$149,999
- g. \$150,000 or more
- h. Prefer not to answer